Manitoba Health, Healthy Living and Seniors

Annual Report
2015 - 2016

Manitoba

MINISTER
OF HEALTH, SENIORS AND ACTIVE LIVING

Room 302
Legislative Building
Winnipeg, Manitoba R3C 0V8
CANADA

Her Honour the Honourable Janice C. Filmon, C.M., O.M.
Lieutenant Governor of Manitoba
Room 235, Legislative Building
Winnipeg, Manitoba
R3C 0V8

May it Please Your Honour:

I have the privilege of presenting for the information of Your Honour the Annual Report of Manitoba Health, Healthy Living and Seniors for the fiscal year ending March 31, 2016.

Respectfully submitted,

(Original signed by)

Kelvin Goertzen,
Minister of Health, Seniors and Active Living

MINISTRE
DE LA SANTÉ, DES AÎNÉS ET DE LA VIE ACTIVE

Bureau 302
Palais législatif
Winnipeg (Manitoba) R3C 0V8
CANADA

Son Honneur l'honorable Janice C. Filmon, C.M., O.M.
Lieutenante-gouverneure du Manitoba
Palais législatif, bureau 235
Winnipeg (Manitoba)
R3C 0V8

Madame la Lieutenante-Gouverneure,

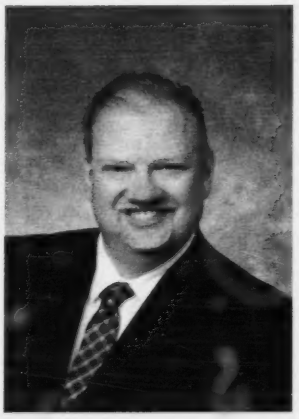
J'ai l'honneur de vous présenter, à titre d'information, le rapport annuel du ministère de la Santé, de la Vie saine et des Aînés du Manitoba pour l'exercice se terminant le 31 mars 2016.

Le tout respectueusement soumis.

Le ministre de la Santé, des Aînés et de la Vie active,

« Original signé par»

Kelvin Goertzen



Manitoba

Health, Seniors and Active Living
Deputy Minister of Health, Seniors and Active Living
Winnipeg MB R3C 0V8

Honourable Kelvin Goertzen
Minister of Health, Seniors and Active Living

Dear Minister:

I am pleased to present for your approval the 2015/16 Annual Report of Manitoba Health, Healthy Living and Seniors (MHHLS) and the 2015/16 Annual Report of the Manitoba Health Services Insurance Plan.

Respectfully submitted,

(Original signed by)

Karen Herd
Deputy Minister of Health, Seniors and Active Living

Manitoba

Santé, Aînés et Vie active
Sous-ministre de la Santé, des Aînés et de la Vie active
Winnipeg (Manitoba) R3C 0V8

Monsieur Kelvin Goertzen
Ministre de la Santé, des Aînés et de la Vie active

Monsieur le Ministre,

J'ai l'honneur de soumettre à votre approbation le rapport annuel 2015-2016 du ministère de la Santé, de la Vie saine et des Aînés du Manitoba ainsi que le rapport annuel 2015-2016 du Régime d'assurance-maladie du Manitoba.

Le tout respectueusement soumis.

La sous-ministre de la Santé, des Aînés et de la Vie active,

« Original signé par»

Karen Herd

Table of Contents

Ministers' Letter 2

Deputy Minister's Letter 4

Preface/Introduction
- Report Structure 8
- Role and Mission 8
- Organization Chart effective March 31, 2016 12

Administration and Finance
- Ministers' Salaries 14
- Executive Support 14
- Finance 15
- Legislative Unit 19

Provincial Policy and Programs
- Administration 20
- Information Systems 21
- Provincial Drug Programs 23
- Corporate Services 24
- Capital Planning 26
- Drug Management Policy Unit 30
- Cadham Provincial Laboratory Services 31

Health Workforce Secretariat
- Administration 33
- Contracts and Negotiations 33
- Health Human Resource Planning 35
- Fee-For-Service/Insured Benefits 37

Public Health and Primary Health Care
- Administration 38
- Public Health 40
- Federal/Provincial Policy Support 43
- Aboriginal and Northern Health Office 44
- Primary Health Care 46

Regional Policy and Programs
- Administration 48
- Health Emergency Management 49
- Provincial Cancer and Diagnostic Services 51
- Continuing Care 54
- Acute, Tertiary and Specialty Care 56
- Chief Provincial Psychiatrist 59

Table of Contents

Healthy Living and Seniors

Healthy Living and Healthy Populations 60
Seniors and Healthy Aging Secretariat 62
Mental Health and Spiritual Health 64
Tobacco Control and Cessation 66
Addictions Policy and Support 67
Addictions Foundation of Manitoba 69

Health Services Insurance Fund

Funding to Health Authorities 71
Provincial Health Services 73
Medical 78
Pharmacare 79

Capital Funding 80

Costs Related to Capital Assets 82

Capital Investments 82

Financial Report Summary Information Part 1

Manitoba Health, Healthy Living and Seniors

Reconciliation Statement 84
Expenditure Summary 85
Revenue Summary by Source 98
Five Year Expenditure and Staffing Summary by Appropriation 99
Health Services Insurance Plan Five-Year Expenditure Summary 100

Financial Report Summary Information Part 2

Health Services Insurance Plan

Summary of Estimates 101
Management Report 102
Auditor's Report 103
Statement of Financial Position as at March 31, 2016 104
Statement of Operations and Accumulated Surplus and Net Debt 105
Statement of Cash Flow 106
Notes to the Financial Statements for the Year ending of March 31, 2016 107
Auditor's Report – Schedule of Public Sector Compensation Disclosure 111
The Public Sector Compensation Disclosure Act – Schedule of Payments 112

APPENDIX I Summary of Statutes Responsibility – Minister of Health 129
Summary of Statutes Responsibility – Minister of Health Living and Seniors 132

APPENDIX II Legislative Amendments in 2015/16 133

APPENDIX III Performance Reporting 137

APPENDIX IV *The Public Interest Disclosure (Whistleblower Protection) Act* 140

APPENDIX V Sustainable Development 141

Preface/Introduction

Report Structure

This Annual Report is organized in accordance with the Manitoba Health, Healthy Living and Seniors appropriation structure as set out in the Main Estimates of Expenditure of the Province of Manitoba for the fiscal year ending March 31, 2016. It provides information on the department as well as the Manitoba Health Services Insurance Fund.

The report includes information at the Main and Sub-Appropriation levels related to the department's strategic direction, actual results, financial performance and variances. A five-year adjusted historical table of staffing and expenditures is provided. In addition, expenditure and revenue variance explanations are provided.

A separate financial section includes the audited financial statements of the Manitoba Health Services Insurance Plan. Included with the financial statements is the Schedule of Payments pursuant to the provisions of *The Public Sector Compensation Disclosure Act*. And the report on any disclosures of wrongdoing, as directed under *The Public Interest Disclosure (Whistleblower Protection) Act*, has been included in Appendix IV.

Role and Mission

The Vision of the department is:

> ***Healthy Manitobans through an appropriate balance of prevention and care.***

The Mission of the department is:

> ***To meet the health needs of individuals, families and their communities by leading a sustainable, publicly administered health system that promotes well-being and provides the right care, in the right place, at the right time.***

To achieve its mission, the department has identified priorities for the health system to focus efforts to build and sustain a provincial health system that is results-oriented, integrated and aligned, and meets the needs of Manitobans. These priorities are:

- **Capacity Building**
- **Health System Innovation**
- **Health System Sustainability**
- **Improved Access to Care**
- **Improved Service Delivery**
- **Improving Health Status and Reducing Health Disparities Amongst Manitobans**

In fulfilling its role, the department provides or funds the delivery of the most-complex and publicly-visible social program provided by the Manitoba government. The program is delivered partially by the department and partially through grant agencies, arm's-length health authorities, independent physicians, or other service providers who are paid through fee-for-service or alternate means. It is a complex combination of insured benefits, funded services provided through public institutions ranging from community-based primary care through to tertiary teaching hospitals, and publicly-regulated but privately provided services such as proprietary personal care homes.

The department has a stewardship role to ensure that service providers, such as regional health authorities, CancerCare Manitoba, Diagnostic Services Manitoba, the Addictions Foundation of Manitoba, and over 100 service delivery organizations (primarily non-profit organizations) are accountable to provide high-quality services at a reasonable cost to Manitobans. This role is accomplished through resource allocation; legislation and regulations; planning and strategic direction; policy and standards; and performance monitoring, reporting, and management to achieve results.

The department manages direct operations such as Selkirk Mental Health Centre, Cadham Provincial Laboratory, and three provincial nursing stations. As well, the department is responsible for Pharmacare, insured benefits, fee-for-service physician services and other non-devolved health services.

The department promotes and supports its mandate through engagement with Manitobans and community organizations. The department provides leadership and policy support designed to influence the conditions that promote active living and well-being across all sectors of the population. It is important to consider that many factors outside the health care system affect the health of Manitobans, such as family history, gender, culture, education, employment, income, the environment, coping skills and social support networks. "Health" is not merely the absence of disease. It embraces complete physical, mental and social well-being.

Organization Chart

This annual report is organized in accordance with the department's appropriation structure, which reflects the organization chart as of March 31, 2016.

Préface-introduction

Structure du rapport

Ce rapport annuel est organisé selon la structure des crédits de Santé, Vie saine et Aînés Manitoba, telle qu'elle figure dans le budget des dépenses principal de la Province du Manitoba pour l'exercice terminé le 31 mars 2016. Les renseignements qu'on y trouve concernent le ministère et le Fonds d'assurance-maladie du Manitoba.

Le rapport fournit également des renseignements sur les budgets principaux et les postes secondaires, en regard de l'orientation stratégique du ministère, des résultats réels, des rendements et des écarts financiers. Un tableau des dépenses et des effectifs rajustés du ministère pour les cinq dernières années figure également dans le rapport, de même que les notes explicatives des écarts au chapitre des recettes et des dépenses.

Dans une section financière distincte, on trouve les états financiers vérifiés du régime d'assurance-maladie du Manitoba. Conformément aux dispositions de la *Loi sur la divulgation de la rémunération dans le secteur public*, ils s'accompagnent du calendrier des paiements. Un rapport sur toute divulgation d'actes répréhensibles, tel que le prévoit la *Loi sur les divulgations faites dans l'intérêt public (protection des divulgateurs d'actes répréhensibles)*, a été ajouté à l'Annexe IV.

Rôle et mission

La vision du ministère est la suivante :

> ***Une population manitobaine en santé grâce à une offre équilibrée de services de prévention et de soins de santé.***

Sa mission est la suivante :

> ***Répondre aux besoins en matière de santé des particuliers, des familles et de leurs collectivités en dirigeant un système de santé publique durable qui favorise le bien-être de la population et lui offre des soins appropriés quand et où il faut.***

Pour remplir sa mission, le ministère a établi des priorités de façon que le système de santé soit axé sur les résultats, harmonieusement intégré, et qu'il réponde aux besoins de la population de la province. Ces priorités sont les suivantes :

- **Renforcement des capacités**
- **Innovation dans le système de santé**
- **Viabilité du système**
- **Amélioration de l'accès aux soins**
- **Prestation améliorée des services**
- **Amélioration de l'état de santé et réduction des disparités parmi la population**

En remplissant son rôle, le ministère administre le programme social du gouvernement du Manitoba qui est le plus complexe et qui a le plus de visibilité auprès du public. La prestation de ce programme est assurée en partie par le ministère et en partie par des organismes de financement, des offices de la santé indépendants et des médecins indépendants ou d'autres fournisseurs de services rémunérés à l'acte ou par d'autres moyens. Il s'agit d'un agencement complexe de services assurés, de services financés offerts par l'entremise d'établissements publics, tels les centres hospitaliers communautaires de soins primaires et les centres hospitaliers universitaires de soins tertiaires, et de services réglementés par des organismes publics mais offerts par des organismes privés tels les foyers de soins personnels privés.

Le ministère assume un rôle de gérance et veille à ce que les fournisseurs de services, notamment les offices régionaux de la santé, Action cancer Manitoba, Diagnostic Services Manitoba, la Fondation manitobaine de lutte contre les dépendances et plus d'une centaine d'organismes de prestation de services (essentiellement des organismes à but non lucratif), offrent à la population manitobaine des services de grande qualité et à un coût raisonnable. Il s'acquitte de ce rôle dans le cadre des fonctions

suivantes : affectation des ressources; législation et réglementation; planification et orientation stratégique; établissement de politiques et de normes; surveillance, communication et gestion du rendement pour atteindre les résultats.

Le ministère assure directement l'exploitation de certains établissements, notamment du Centre de santé mentale de Selkirk, du Laboratoire provincial Cadham et de trois postes provinciaux de soins infirmiers. Il est également chargé du Régime d'assurance-médicaments, des services assurés, des services de médecins rémunérés à l'acte et d'autres services de santé non dévolus.

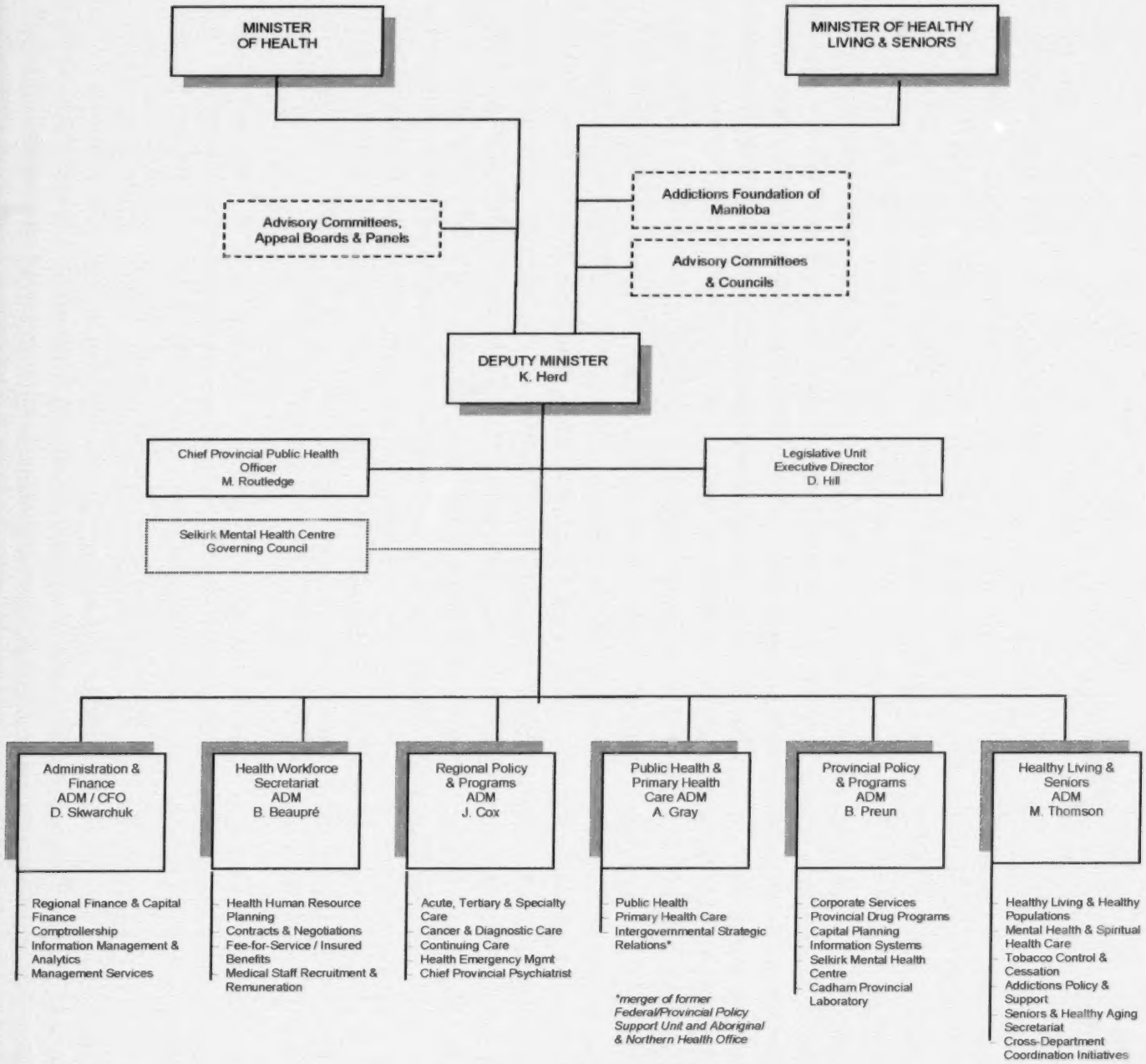
Le ministère fait la promotion de son mandat en se rapprochant de la population manitobaine et des organisations communautaires. Il fournit le leadership et le soutien stratégique nécessaires de façon à influer sur les conditions qui favorisent la vie active et le bien-être dans tous les secteurs de la population. Il est important de se rappeler que toutes sortes de facteurs extérieurs au système de soins de santé affectent la santé des Manitobains, comme les antécédents familiaux, le sexe, la culture, l'éducation, l'emploi, le revenu, l'environnement, la capacité d'adaptation et les réseaux de soutien social. La « santé » n'est pas simplement l'absence de maladie. Elle englobe tout ce qui est bien-être physique, mental et social.

Organigramme

La structure du rapport annuel correspond à celle des postes budgétaires du ministère, telle qu'elle se reflète dans l'organigramme établi au 31 mars 2016.

MANITOBA HEALTH, HEALTHY LIVING AND SENIORS ORGANIZATION CHART

As of March 31, 2016


MINISTER OF HEALTH
MINISTER OF HEALTHY LIVING & SENIORS
Advisory Committees, Appeal Boards & Panels
Addictions Foundation of Manitoba
Advisory Committees & Councils
DEPUTY MINISTER K. Herd
Chief Provincial Public Health Officer M. Routledge
Legislative Unit Executive Director D. Hill
Selkirk Mental Health Centre Governing Council
Administration & Finance ADM / CFO D. Skwarchuk
Regional Finance & Capital Finance
Comptrollership
Information Management & Analytics
Management Services
Health Workforce Secretariat ADM B. Beaupré
Health Human Resource Planning
Contracts & Negotiations
Fee-for-Service / Insured Benefits
Medical Staff Recruitment & Remuneration
Regional Policy & Programs ADM J. Cox
Acute, Tertiary & Specialty Care
Cancer & Diagnostic Care
Continuing Care
Health Emergency Mgmt
Chief Provincial Psychiatrist
Public Health & Primary Health Care ADM A. Gray
Public Health
Primary Health Care
Intergovernmental Strategic Relations*
*merger of former Federal/Provincial Policy Support Unit and Aboriginal & Northern Health Office
Provincial Policy & Programs ADM B. Preun
Corporate Services
Provincial Drug Programs
Capital Planning
Information Systems
Selkirk Mental Health Centre
Cadham Provincial Laboratory
Healthy Living & Seniors ADM M. Thomson
Healthy Living & Healthy Populations
Mental Health & Spiritual Health Care
Tobacco Control & Cessation
Addictions Policy & Support
Seniors & Healthy Aging Secretariat
Cross-Department Coordination Initiatives

Innovation as a foundation of our work

Administration and Finance

Ministers' Salaries

The objectives were:
In accordance with the goals and strategic priorities established by the Premier and Cabinet:

- To provide leadership and policy direction for the renewal of the health system and the delivery of a comprehensive range of health and health care services for Manitobans.
- To provide leadership and policy direction in the development of a comprehensive approach to enhance and improve the health and wellness of Manitobans.

1(a) Minister's Salary

Expenditures by Sub-Appropriation	Actual 2015/16 $(000's)	FTE	Estimate 2015/16 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	75	2.00	74	1	
Other Expenditures					
Total Sub-Appropriation	**75**	**2.00**	**74**	**1**	

Executive Support

The objectives were:

- To provide executive support to the Minister of Health and the Minister of Healthy Living and Seniors in achieving objectives through strategic leadership, management, policy development, program determination, and administration of the department's and broadly defined health services delivery system.

1(b) Executive Support

Expenditures by Sub-Appropriation	Actual 2015/16 $(000's)	FTE	Estimate 2015/16 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	1,458	19.00	1,292	166	
Other Expenditures	155		218	(63)	
Total Sub-Appropriation	**1,613**	**19.00**	**1,510**	**103**	

Finance

Administration and Finance is comprised of the following:

Comptrollership
Regional and Capital Finance
Information Management and Analytics
Management Services

Comptrollership

The objectives were:

- To provide a complete identification and fair allocation of both tangible and fiscal resources, and, through monitoring and reporting, the effective and efficient use of those resources in accordance with government priorities.
- To ensure that financial reporting for the department is efficient, accurate and consistent.
- To ensure an equitable personal care home rate structure and a level of revenue that partially offsets the total cost of long-term care for RHAs, through the management of the assessment and appeal process.
- To provide financial advice and testing support on Information Technology systems that impact finances and payments to clients for the department.

The expected and actual results for 2015/16 included:

1. Effective and efficient use of tangible and fiscal resources for departmental programs and external agencies consistent with the established priorities of the department and government.
   - Based on Departmental priorities, established guidelines and policies, the department was able to effectively and efficiently utilize the tangible and fiscal resources of the department to provide relevant budgets to departmental programs, regional health authorities and external agencies

2. Efficient and accurate preparation of annual planning and reporting documents, ex: Estimates, Quarterly Financial reports and other financial reports or documents.
   - Estimates, financials for the estimates supplement, quarterly financial reports, financials for the annual report and other financial reports or documents were prepared in accordance with legislative requirements, as well as Treasury Board and senior management requirements within established deadlines.

3. Efficient, accurate information provided to government on the fiscal status of the department.
   - Monthly and quarterly financial reports, the annual report and other financial reports or documents on the fiscal status of the department were prepared in a timely manner.
   - Coordinated and assisted response to key audits coordinated by Manitoba Finance – Internal Audit and Consulting Services and the Office of the Auditor General of Manitoba related to risk management and other internal controls.

4. Equitable rate structure for the Residential Charges Program.
   - Provided an equitable rate structure for the residential charges program through management of rate assessment and the review of residential charges policies to provide for a more efficient appeal process for all long term care clients.

5. Efficient and effective use of Information Technology systems to support the information requirements of the department
   - Through the development of a new SAP general ledger and new SAP medical claims processing system, the department was able to provide timely payments to vendors and timely reports for decision-making.

Regional and Capital Finance

The objectives were:

- To provide expertise, consultation and analysis to departmental programs, health authorities and agencies to facilitate a common understanding of financial information, legislative and reporting requirements and methodologies.
- To develop and monitor processes that enables the department to set expectations and assess financial results of health authorities and other health organizations.
- To provide distribution of funds to health authorities and other health organizations in accordance with departmental priorities and legislation.
- To monitor health authorities' and other health organizations' financial and operational results including in-year variance reports and future year Estimates projections.
- To manage capital funding for approved capital needs in a timely and cost effective manner and in accordance with policy.

The expected and actual results for 2015/16 included:

1. Consistent and reliable financial reporting to the department from health authorities, other health organizations and other agencies.
   - Received financial forecast reports, completed financial templates and other reports regarding identification of required deliverables on monthly, quarterly and annual timelines as established by the department.
   - Analyzed financial reporting received from health authorities and other agencies for accuracy, consistency and completeness. The information was verified through consultation with various internal and external stakeholders.
   - Continually reviewed processes for efficiencies and improvement opportunities.

2. Efficient, accurate and consistent financial reporting of the Health Services Insurance Fund.
   - Provided accurate and consistent financial reporting of the Manitoba Health Services Insurance Fund through financial reporting documents in an efficient manner to meet reporting deadlines.
   - Aligned internal processes and timelines with critical reporting deadlines to ensure timely submission of information.

3. Allocation of resources to health authorities, other health organizations and other agencies consistent with established priorities of the department.
   - Reviewed financial requirements of health authorities and other agencies against established priorities of the department in order to allocate resources.

4. Financial expertise and direction provided to health authorities, other health organizations and agencies, in support of various departmental projects and initiatives, including capital funding requirements.
   - Provided financial expertise and analysis to various internal and external stakeholders.
   - Responded to *ad hoc* requests on a timely basis from various stakeholders.
   - Provided financial consultation to various committees and working groups.
   - Responded to *ad hoc* queries from stakeholders and organizations, and produced analyses and briefings focusing specifically on financial impacts.

5. Accurate and timely funding of capital expenditures to health authorities and other health organizations in accordance with policy.
   - Provided approved funding to health authorities in a timely and accurate manner.
   - Initiated debt repayment on outstanding approved borrowings upon project completion.
   - Managed outstanding debt to minimize cost within a conservative risk portfolio.

Information Management and Analytics

The objectives were:

- To ensure the timely collection of financial, statistical, clinical and performance management information from the health authorities in accordance with provincial and national reporting requirements.

- To lead in the area of information management, reporting, and analytics of health information to inform and support the strategic functions of the department and the health authorities, including public accountability.
- To coordinate and support health research-related activities, and ensure the appropriate use of health information in accordance with privacy legislation.

The expected and actual results for 2015/16 included:

1. Department programs, the health authorities, researchers, public organizations and the general public have access to health care information for accountability, operational, planning, evaluation and research needs.
   - Continued development and maintenance of databases to support internal and third-party information requirements, including provision of data to organizations such as: the Manitoba Centre for Health Policy, CancerCare Manitoba, and the Canadian Institute for Health Information, and Statistics Canada.
   - Facilitated access to data and statistics by providing leadership, information/consultation, support and training within the department and the RHAs on a wide variety of health information matters. This included a redesign of the internal Health Information Gateway website with links to publications, statistics, maps and data descriptions to support departmental work.
   - Participated in provincial and national committees and working groups, including providing leadership to several data quality and health indicator committees.
   - Produced several health system reports, including the annual Statistics Report, the Population Report, standard reports for the RHAs, as well as weekly and monthly statistical reporting on the department website.
   - Responded to *ad hoc* data requests from stakeholders and organizations and produced specific analyses and briefings for health data and research publications.
   - Provided data and statistical support to various committees.

2. Data infrastructure, policies and agreements are in place to support the appropriate collection, management, use and disclosure of health information, in accordance with *The Personal Health Information Act* and other applicable legislation.
   - Developed policies, processes and procedures for the use of data for health research.
   - Implemented data sharing agreements, researcher agreements and researcher agreement renewals with key organizations involved in health research.
   - Completed the data sharing agreement with the Canadian Institute for Health Information.

3. A provincial health system performance management tool that allows the collection and sharing of key high priority system indicators across the health authorities and the department is in place.
   - Completed Phase One of the Provincial Health System Performance Indicator Portal (PHSPIP) project, with access to health system performance information for all health authorities, the department and the Deputy Minister's office.
   - Transitioned historical Executive Wait Times Reporting in twelve (12) key service areas to the PHSPIP tool.
   - Began development of a Phase Two scope, which will proceed for funding authority in the upcoming fiscal year.

4. A process is in place to manage ongoing extracts of Electronic Medical Record (EMR) patient activity from physician clinics and to return Comparative Analytic Reports to support data quality and improved patient outcomes.
   - The EMR Repository currently maintains extracts from over 180 Primary Care clinics.
   - Continued to distribute Comparative Analytic Reports to clinics submitting regular EMR extracts. The reports focused on selected chronic diseases and completeness of information regarding monitoring activities related to clinical practice guidelines.
   - Additional reports were developed specifically for the Physician Integrated Network clinics, narrowing the focus to enrolled patients receiving care within the sites, and were distributed every six months along with the main reports.

5. An integrated, coordinated approach by the department to health research activities.
   - Provided expert data and administrative support to the Health Information Privacy Committee established under PHIA.

- Provided ongoing coordination and support to the contractual relationship between the department and the Manitoba Centre for Health Policy, including the development of the annual research agenda.
- Undertook partnership activities related to health services policy research in accordance with Research Manitoba. This included participating in the Research Improvements through Harmonization in Manitoba initiative aimed at streamlining research processes for Manitoba researchers.

6. An Information Management and Analytics Study that will guide the province's direction, priorities and investments in relation to the information needed to support delivery of care and inform optimal health system performance is underway.
   - The project kicked off in the fall and included a series of large group, and small focused group consultations with over 225 senior leaders from across the healthcare system.
   - These sessions identified a vision for how the healthcare system will organize, collect, manage and share key information to better support patient care, program planning, funding, performance management and research within the system.
   - The sessions also identified the current state, challenges and gaps in managing health information and identified actions that would improve access to and use of information for evidence-based decision making.
   - The final results will be provided to the Health Senior Leadership Council in the upcoming fiscal year and will inform a provincial roadmap and action plan for work in this area over the next 3-5 years.

Management Services

The objectives were:

- To lead, facilitate and coordinate key management functions within the department, such as: strategic planning and alignment; regional health planning; proposal review; governance; accountability; risk management; project management support; and organization performance management.
- To provide leadership and coordination for several department processes, such as: preparation and distribution of the department's Annual Report and Supplementary Information for Legislative Review, responses to ministerial correspondence, briefing material for legislative sessions, and administrative supports for the governance of health-related agencies, boards, and committees.

The expected and actual results for 2015/16 included:

1. Improved engagement and capacity for department planning and alignment activities, including risk management and performance management.
   - Provided strategic coordination and led processes to better align work across the department to advance health system priorities and goals.
   - Continued to strengthen capacity in planning, alignment, and performance management.
   - Strengthened risk management practices in the department and better integrated practices with planning processes.
   - Continued to advance the department's review, approval, and oversight of implementation for funded proposals, including the rollout of orientation, training, and resource materials to approximately 300 department staff.
   - Provided new employee orientation on the department and the health system overall to over sixty department staff.

2. Strengthened health system planning, governance and accountability.
   - Coordinated improvements to the health authority planning, governance and accountability processes for the purpose of ensuring greater alignment with provincial priorities and goals.
   - Co-chaired the Planning, Accountability & Enterprise Risk Management Council to advance coordination and integration of planning, accountability, and risk management practices across the provincial health system.
   - Through the Planning, Accountability, and Enterprise Risk Management (PAERM) Council, collaborated with the regional health authorities to update Risk Management Policy HCS 200.4 and develop supporting resource documents.

- Provided direction to health authorities on improving governance and accountability practices, including required and recommended changes to board policies.
- Reviewed accountability practices related to health authorities and initiated follow-up planning.
- Contributed to the planning and execution of the Regional Health Authorities of Manitoba (RHAM) board education and development sessions.

3. Documentation and processes coordinated by the branch meet relevant standards and guidelines, including timelines.
   - Documentation and processes were coordinated to meet relevant standards and guidelines.

1(c) Finance

Expenditures by Sub-Appropriation	Actual 2015/16 $(000's)	FTE	Estimate 2015/16 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	7,207	97.75	6,791	416	
Other Expenditures	842		980	(138)	
Total Sub-Appropriation	**8,049**	**97.75**	**7,771**	**278**	

Legislative Unit

The objectives were:

- To provide leadership, advice and support to the department on the development of new or amended legislation and regulations.
- To co-ordinate the department's response to requests for access to information under *The Freedom of Information and Protection of Privacy Act* (FIPPA).
- To provide education and training on and respond to enquiries under *The Personal Health Information Act* (PHIA).

The expected and actual results for 2015/16 included:

1. Development and coordination of statutes and regulations that provide a sound legislative base for meeting the mission of the department.

   Legislative Proposals:
   - There were 4 health-related statutes amended, enacted or partially proclaimed for the fiscal year 2015/2016 (details outlined in Appendix II):

   Regulatory Amendments:
   - Assisted in the development of required amendments to 15 regulations under various health related legislation (see Appendix II for details).

2. Development and implementation of the department's annual legislative agenda in accordance with government processes and timelines.
   - This was met as outlined in item number 1 above.

3. Accurate and timely information provided to internal and external clients about legislation, including PHIA and the legislative process.
   - Provided accurate and timely information.
   - Among other activities in the area, staff of the unit provided 15 informational presentations on PHIA and FIPPA to department staff and external organizations over the course of the year.

4. Implementation of Labour Mobility obligations for the regulated health professions.
   - Worked with regulatory bodies with respect to meeting their labour mobility obligations.

5. Requests for access to information under FIPPA are dealt with in accordance with the Act.
   - There were 163 responses to FIPPA requests for information. These numbers are based on a calendar (not fiscal) year.

1(d) Legislative Unit

Expenditures by Sub-Appropriation	Actual 2015/16 $(000's)	FTE	Estimate 2015/16 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	716	7.00	511	205	
Other Expenditures	168		286	(118)	
External Agencies	426		518	(92)	
Total Sub-Appropriation	**1,310**	**7.00**	**1,?15**	**(5)**	

Provincial Policy and Programs

The Provincial Policy and Programs Division provides leadership and support to internal and external clients of Manitoba Health, Healthy Living and Seniors with a focus on policy, planning, accountability, and support to provincial programs.

Administration

The objectives were:

- To provide strategic leadership to advance and support the objectives and priorities of the department with a focus on:
  - Information system technology (ICT), including Manitoba eHealth
  - Provincial drug programs
  - Capital planning
  - Corporate Services, including Web Services, French Language Services, the Manitoba Health Appeal Board, the Mental Health Review Board, and the Protection for Persons in Care Office
  - Cadham Provincial Laboratory Services (CPL)
  - Selkirk Mental Health Centre (SMHC)
- To provide policy direction and operational systems to improve the effectiveness and efficiency of designated department program delivery and as it relates to the broader health care system.

The expected and actual results for 2015/16 included:

1. Strategic directions consistent with the department's priorities, with respect to provincially funded drug benefits, the provincial health capital program, including information and communication technology (ICT) systems.
   - Commenced implementation of recommendations arising from an ICT study with the intent of improving and enhancing the governance, structure and leadership of ICT services across the healthcare sector.
   - Established a common vision for health ICT services underpinned by recommendations for a strategy which considers the needs of patients and clients, their providers and decision-makers, and provides high level recommendations to achieve a truly digital healthcare system for Manitoba.
   - Along with colleagues across Canada, solidified the leadership and functions of the pan-Canadian Pharmaceutical Alliance (pCPA) in the areas of brand name drugs for reimbursement and a generic drug framework. The pan-Canadian approach capitalizes on the combined purchasing power of public drug plans across multiple jurisdictions, and is expected to lead to lower drug costs, increased access to drug treatment options and increased consistency of product listing decisions across participating jurisdictions.
   - Provided oversight of the planning and management of the design, construction and capital financing of hospitals, personal care homes and other healthcare facilities.

2. Equitable and appropriate utilization of provincially funded drug benefits recognizing pharmaceuticals as a vital component of health care in Manitoba.
   - Provincial Drug Programs (PDP) administered the Manitoba Drug Benefits and Interchangeability Formulary. Updates on the amendments to the Formulary were provided in five bulletins that were communicated to the pharmacists and physicians of Manitoba.

- The listing of new generic molecules through the pan-Canadian Pharmaceutical Alliance process on the Formulary enabled Manitobans to access additional lower-cost generic medications. The ongoing utilization of generic drug submission requirements ensures generic drug pricing in Manitoba that is equitable to that in other Canadian jurisdictions.
- Processed 257,397 Pharmacare applications; 66,869 families received Pharmacare benefits to Provincial Drug Programs.

3. Improved laboratory screening and response programs, quality public health laboratory results and productive collaborations with stakeholders.
   - Increased and improved screening and detection of respiratory viral disease and sexually transmitted and blood borne infections, and increased newborn screening.
   - Streamlined laboratory processes to delivery more timely public health lab services and proactive communication of results.
   - Continued collaborations which inform provincial and international-level policies and control programs.

4. Service delivery at SMHC and as part of the broader health care system that reflects the Centre's core values of hope, respect and excellence.
   - SMHC continued working towards implementing best practice programs and services, which includes developing a strategic plan and a role statement to identify the programs and services it should provide in the future.

5. Effective administration of *The Protection for Persons in Care Act*.
   - Processed 2,771 reports of alleged abuse or neglect through the stages of intake, inquiry, and investigation. All reports received were reviewed, and 75 cases proceeded to investigation where there were reasonable grounds to believe that abuse or neglect occurred.

2(a) Administration

Expenditures by Sub-Appropriation	Actual 2015/16 $(000's)	FTE	Estimate 2015/16 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	278	3.00	237	41	
Other Expenditures	70		50	20	
Total Sub-Appropriation	**348**	**3.00**	**287**	**61**	

Information Systems

Information Systems Branch (ISB) is responsible for providing strategic, tactical and operational information systems and information technology leadership and solutions to support the objectives and priorities of Manitoba Health, Healthy Living and Seniors (MHHLS). The Manitoba eHealth Provincial Program ("Manitoba eHealth") has the responsibility and mandate to provide these same services to the regional health authorities, health care facilities, health care associations and other providers of health care services within Manitoba's health care system. Information Systems continues to provide consultative services and project co-ordination on information systems initiatives involving the department and other government agencies, while Manitoba eHealth coordinates and aligns federal, provincial, health sector, and inter-sector projects.

The objectives were:

- To provide and facilitate strategic Information and Communication Technology (ICT) solutions to support the objectives and priorities of the department and the broader health care province-wide information and communication technology system.
- To coordinate and align department ICT projects with the priorities of the department.
- To provide and maintain key departmental information systems.
- To facilitate ICT awareness and education for department staff in order to create more knowledgeable ICT consumers.
- To ensure that departmental ICT systems, processes and procedures are compliant with both departmental and the Government of Manitoba ICT Security Policies.
- To provide leadership, project oversight, policy direction and advice to Manitoba eHealth and the publicly funded health care sector on health care's ICT strategy and initiatives.
- To identify, record, track and plan for mitigating ICT risks that affect the department.

The expected and actual results for 2015/16 included:

1. ICT initiatives are appropriately scoped, resourced and supported to achieve the identified project objectives and the overall strategic objectives of the department.
   - Ensured that $30,099,600.00 in ICT investments/expenditures were made in an effort to grow and enhance Manitoba's digital healthcare system.
   - Liaised with department branches and programs to identify scope and secure approval for future department ICT initiatives over a one (1) and three (3) year time horizon. Initiated an analysis of longer term systems requirement in support of a provincial strategic ICT plan.
   - Provided consultation and project management services to department initiatives to ensure appropriate resourcing and solution delivery.
   - Worked with Manitoba eHealth and Manitoba Jobs and the Economy - Business Transformation and Technology (BTT) to secure project implementation and delivery services as required for department initiatives and to support greater integration and standardization within Manitoba's digital healthcare system.

2. Electronic data interchange between the department, Manitoba eHealth, regional health authorities, health care providers and other government departments and jurisdictions will be effective, secure and appropriate.
   - Provided oversight and management for the migration of practitioners from the legacy government internet portal (SIS) to the new government internet portal (WEBLINK) facilitating the submission of electronic claim information to the Claims Processing System (CPS).
   - Liaised with department branches and programs to identify scope and secure approval for future healthcare system information sharing requirements/initiatives.

3. Upgrades and functional changes to existing systems are completed in a timely fashion, in priority sequence, and in accordance with business rules and requirements.
   - Continued to support an annual ICT Infrastructure Renewal Program managed by Manitoba eHealth which focuses on the execution of a consistent and coherent approach to replacing and upgrading old, obsolete and failing technical infrastructure in Manitoba's health information systems operating environment. The program allows for a consistent and streamlined approach to the renewal of ICT needed to support provincial health care applications and shared services. Conducted a provincial planning prioritization process, in cooperation with Manitoba eHealth, which identified and prioritized recommendations for investment in ICT systems for the short and medium term timeframes.
   - Initiated the upgrading of the Provincial Electronic Patient Record (EPR) System with the intent of increasing system capacity and reliability in the delivery of direct acute patient care.
   - Completed implementation of the Provincial Immunization System (Panorama).

4. Necessary data and information are accessible for department staff to achieve corporate goals and objectives.
   - Continued to facilitate the provision of data to both internal and external organizations for the purposes of decision support and the effective management of health information.
   - Continued to coordinate and facilitate the management and expansion of network connectivity within Manitoba's health sector, utilizing and effecting improvements in Manitoba's Provincial Data Network.

5. Manitoba eHealth ICT solutions and operations support the strategic objectives of the department, the regional health authorities and the publicly funded health sector.
   - Continued to work with Manitoba eHealth to appropriately define strategic health ICT objectives and initiatives.
   - Initiated the development of a strategic ICT plan which will reflect regional, provincial, and local stakeholders' needs and requirements and will serve to offer the healthcare system a framework to guide quality investment, enhanced return on investment as well as a master plan to provide long-term vision and short-term flexibility.
   - Provided oversight and review of in flight Manitoba eHealth initiatives including, but not limited to Panorama (Public Health), Health Information System at Health Sciences Centre (Admission, Discharge Transfer, results reporting, chart tracking, scheduling), Provincial Laboratory Information System (PLIS) and Digital Mammography.
   - Exercised oversight and due diligence on over one hundred and one (101) provincial ICT projects totalling $162,600,000.00. Ensured ongoing review and monitoring for budget, scope and time as well as return on investment and value for money.

2(b) Information Systems

Expenditures by Sub-Appropriation	Actual 2015/16 $(000's)	FTE	Estimate 2015/16 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	3,967	58.20	4,279	(312)	
Other Expenditures	162		173	(11)	
Provincial Program Support Cost	5,531		5,178	353	
Total Sub-Appropriation	**9,660**	**58.20**	**9,630**	**30**	

Provincial Drug Programs

Provincial Drug Programs include Pharmacare, the Palliative Care Drug Access Program, the Home Cancer Drug Program and drug plan benefits for Employment and Income Assistance Program participants and residents of personal care homes.

The objectives were:

- To manage and administer sustainable drug programs which provide Manitobans with access to eligible drug benefits as prescribed by *The Prescription Drugs Cost Assistance Act*, *The Pharmaceutical Act* and *The Health Services Insurance Act*.

The expected and actual results for 2015/16 included:

1. Access for Manitobans to cost effective medications.
   - Manitoba Health, Healthy Living and Seniors continues to support:
     - the Common Drug Review, and the pan-Canadian Oncology Drug Review, which are national processes for evidence-based reviews and listing recommendations of new chemical entities including oncology drugs; and
     - the pan-Canadian Pharmaceutical Alliance, an initiative whereby jurisdictions conduct joint provincial/territorial negotiations for drug products being considered for reimbursement to achieve greater value for publicly funded drug programs and patients.
   - Provincial Drug Programs administered the Manitoba Formulary. Updates on the amendments to the Manitoba Formulary were provided in five bulletins which were communicated to pharmacists and physicians in Manitoba.
   - The listing of new generic drugs on the Manitoba Formulary enabled Manitobans to access additional lower cost generic medications. Generic drug submission requirements ensures generic drug pricing in Manitoba is equitable with other Canadian jurisdictions.
   - Provincial Drug Programs representatives participated on advisory committees to the Canadian Agency for Drugs and Technologies in Health, and advisory committees to the pan-Canadian Oncology Drug Review. Committee members also facilitated effective jurisdictional sharing of pharmaceutical information.

- The Manitoba Drug Standards and Therapeutics Committee reviewed drug submissions, to provide recommendations on drug interchangeability and to discuss the therapeutic and economic value of various drug benefits

2. Financial assistance to Manitobans for eligible drug benefits.
   - Provided benefit coverage for Manitobans enrolled in income-based Pharmacare, the Employment and Income Assistance Program, the Personal Care Home Drug Program, the Home Cancer Drug Program and the Palliative Care Drug Program.
   - Processed 257,397 Pharmacare applications; with 66,869 families receiving Pharmacare benefits.
   - Processed 51,423 requests through the Exception Drug Status Program.
   - Enrolled 975 families in the Deductible Instalment Payment Program for Pharmacare.
   - Provided benefits for 50,270 families through Ancillary Services and the Prosthetic and Orthotic Program.
   - Maintained the Home Cancer Drug (HCD) Program in collaboration with CancerCare Manitoba (CCMB). The Provincial Oncology Drug Program is operated at CCMB sites across Manitoba and provides intravenous chemotherapy agents, interferon (Intron A), immunosuppressants for bone marrow transplant patients, and prostate cancer hormone therapies. The HCD Program supports CCMB patients at home. Access to eligible cancer drugs and specific supportive drugs designated on the HCD Program Drug Benefits List are provided to cancer patients through the community pharmacy of their choice at no cost to the patient.
   - 8,202 patients benefited from the HCD program in 2015/16, up from 8,067 in 2014/15.
   - The Provincial Drug Programs Review Committee met on a monthly basis to review requests for benefit coverage for drugs not eligible for Exception Drug Status.
   - Continued reduction of processing times for Pharmacare applications with the weekly validation of income data with Canada Revenue Agency.
   - Continued collaboration with Manitoba Hydro to provide eligible Pharmacare beneficiaries the option to pay their annual Pharmacare deductible in monthly instalments through the Deductible Instalment Payment Program.

3. Implementation of strategies to ensure sustainability of provincial drug programs.
   - Implemented approvals for benefit coverage for new drugs added to the Manitoba Formulary through the Exception Drug Status Office with criteria for use established through the utilization management agreements (UMA) with manufacturers.

2(c) Provincial Drug Programs

Expenditures by Sub-Appropriation	Actual 2015/16 $(000's)	FTE	Estimate 2015/16 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	2,183	43.00	2,521	(338)	
Other Expenditures	622		467	155	
Total Sub-Appropriation	**2,805**	**43.00**	**2,988**	**(183)**	

Corporate Services

Corporate Services Branch promotes compliance with *The Protection for Persons in Care Act*, and reviews reports of alleged abuse under the Act through the Protection for Persons in Care Office (PPCO), provides administrative support for health care services appeals and mental health reviews, coordinates French language services for internal and external clients, and manages communication through the Manitoba Health, Healthy Living and Seniors internal and external websites.

The objectives were:

- To manage inquiries and investigations into alleged abuse and neglect of patients in designated health care facilities, reported to the Protection for Persons in Care Office (PPCO) in accordance with the legislative requirements of *The Protection for Persons in Care Act*.

- To provide a consultative, advisory and administrative link among bilingual-designated regional health authorities, external agencies funded by the department, and the public, in matters relating to French Language Services (FLS).
- To provide assistance and guidance to department staff concerning the French Language Services policy, the Active Offer policy and the translation and publication of French documents.
- To develop, deliver and maintain all information, online services and applications related to the department's public-facing websites.
- To manage departmental compliance with and accommodation activities in support of the Manitoba Policy on Access to Government.
- To support the Manitoba Health Appeal Board in providing an appeal process for the public on certain decisions made under *The Health Services Insurance Act*, *The Emergency Medical Response and Stretcher Transportation Act*, *The Mental Health Act*, the Hepatitis C Assistance Program and the Home Care Program.
- To support the provision of a review process through the Mental Health Review Board (MHRB) for the admission or treatment of a patient in a psychiatric facility as required by *The Mental Health Act*.

The expected and actual results for 2015/16 included:

1. Efficient inquiry and investigation by the PPCO of reports of alleged patient abuse and neglect.
   - Reports of alleged abuse or neglect were processed through a series of steps: intake, inquiry, and investigation. All reports received were reviewed and if there were reasonable grounds to believe that a patient was, or was reasonably likely to be, abused or neglected, an investigation was initiated.
   - Processes continued to be reviewed and steps continued to be implemented to make the handling of reports more efficient and timely, while ensuring alignment with *The Protection for Persons in Care Act*.
   - Cases of founded abuse and neglect were referred to the Adult Abuse Registry Committee as required by legislation and regulations.

2. Improved awareness by health care facilities and the general public of the process for reporting patient abuse and neglect.
   - Continued efforts were made to provide education and consultation for facilities and the public by formally issuing directions and informally through presentations on *The Protection for Persons in Care Act* and *The Adult Abuse Registry Act*.
   - Facilities were made aware of the opportunity to have their staff receive education on the PPCO and relevant legislation when provided with the results of investigations.
   - Information for the public was made available on the PPCO website and in informational brochures.

3. The Active Offer policy in use in all public-facing areas of the department.
   - A narrated French Language Services and Active Offer presentation is available online for new employee orientation.
   - In-person presentations were done on a regular basis for Insured Benefits staff given their front-line client service role and for other areas as required.

4. Provision of FLS through the department, in an accessible and satisfactory manner to the French speaking public of Manitoba.
   - Two FLS-related complaints were received in 2015/16 and were resolved in a punctual manner.
   - 11% of website hits were on French pages, for a total of over 305,000 hits.

5. The department's public documents, in paper or electronic format, produced in French within five to ten business days.
   - 91% of documents were produced in French within five to ten business days.

6. Regularly reviewed and updated existing websites and new web-based information developed to provide ongoing support to the department.
   - Provided ongoing website development, promotion and technical support upon request and as required.

7. Compliance with Manitoba Policy on Access to Government.
   - Disability Access Coordinator completed a survey of all department barriers and provided ongoing direction and support to the department's compliance with Manitoba Policy on Access to Government for Manitobans with disabilities.

8. The Mental Health Review Board and the Manitoba Health Appeal Board hold hearings and render decisions in a timely manner.
   - The Mental Health Review Board processed 239 review hearing applications. Timely, fair and impartial hearings were provided as follows:
     - 48 review hearings by application
     - 25 automatic review hearings
     - 73 total
   - Hearings were held within 21 days as required by *The Mental Health Act*. Decisions were rendered independently by the MHRB and rationale was provided to all parties following each hearing.
   - The reasons why applications did not proceed to a hearing were as follows:
     - Patient was discharged from hospital
     - Patient withdrew his or her application
     - Patient's status was changed
     - The patient's application was inappropriate as issues identified were not applicable to the patient's current status in the hospital
   - Reasons for canceling scheduled applications were as following:
     - The patient was discharged prior to the hearing date
     - Patient's status was changed prior to the hearing date
     - Patient withdrew his or her application prior to the hearing date
   - The Manitoba Health Appeal Board processed 149 Notices of Appeal and held 67 appeal hearings. The hearings were for the following type of appeals:
     - 41 Authorized Charge
     - 18 Insured Benefits
     - 5 Home Care Services
     - 1 Personal Care Home Placement
     - 2 Other
     - 67 total
   - The Board heard and decided 22 Motion Orders with respect to requests for extensions of time to file an appeal beyond the 30-day time limit set out in *The Health Services Insurance Act*.

2(d) Corporate Services

Expenditures by Sub-Appropriation	Actual 2015/16 $(000's)	FTE	Estimate 2015/16 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	1,616	20.00	1,366	250	1
Other Expenditures	512		387	125	
External Agencies	435		435	-	
Total Sub-Appropriation	**2,563**	**20.00**	**2,188**	**375**	

Explanation Number:

1. Primarily due to miscellaneous salaries over-expenditures.

Capital Planning

Capital Planning provides planning and management expertise and capital financing for the construction and maintenance of hospitals, personal care homes and other health facilities.

The objectives were:

- To oversee development and implementation of the provincial health capital program, and advise government on infrastructure and related policy and program requirements to support population health objectives and ensure the sustainability of health facilities in Manitoba.

The expected and actual results for 2015/16 included:

1. A capital plan that supports the department's population health objectives.
   - Preliminary planning was initiated on several aspects of the multi-year strategic capital plan to address the operational service needs of the provincial health system. This included:
     - Brian Sinclair Inquest Recommendations feasibility study;
     - Medical device reprocessing feasibility study;
     - *10-year personal care home development plan;*
     - Continuation of the personal care home physical condition assessment of all one hundred twenty-five (125) PCHs across the Province;
     - Assessment and prioritization of fire safety retrofit projects (sprinkler systems and related fire safety equipment) in accordance with the Fire Safety Task Force Recommendations for personal care homes; and
     - Identification of policy gaps in the capital planning and project delivery process.

2. Health capital projects which are defined and implemented in accordance with regional need and best practices, appropriate standards (program, design and construction) and negotiated cost limits.
   - The multi-year strategic capital plan reflects the department's goals and priorities, as well as regional service requirements, CSA standards for health care facilities, and technical standards that inform current professional practice.
   - An external consultant initiated a phased risk assessment of all personal care homes and health centres in the Province to inform a prioritized sprinkler and related fire safety equipment installation plan.

3. Transparent and equitable application of policies related to business practices, construction, department funding and community cost-sharing.
   - Utilized a competitive, fair and transparent process to secure consultant and construction services for all healthcare facility capital projects.

4. Efficient and accurate information on the capital program, forecasting in the areas of infrastructure maintenance requirements and emerging program models, and development of appropriate program and policy options.
   - Completed the annual update on program information and cost data on all approved and constructed major capital projects as well as on annual maintenance and repair projects.

5. Health care infrastructure that is sustainable and sufficiently flexible to meet the changing needs of the popuiation, as well as requirements of innovation in service delivery.
   - The Provincial Green Building Policy for Government of Manitoba Funded Projects was applied to all 2015/16 major capital projects. The policy was applicable to site selection, design, new construction and for renovation projects. Power Smart™, LEED®, or Green Globes™ rating systems are employed to validate achieving the requirements of these programs.
   - Incorporating "ground source energy" systems to conserve energy and reduce operating costs was successful in new Emergency Medical Service facilities as well as in other capital projects.
   - Fundamental and enhanced building and systems commissioning continued as part of all capital projects. This process ensured achievement of the owner's long-term operating expense and sustainability goals.

Capital Projects completed during the 2015/16 fiscal year:

Acute Care:

- Northern RHA – Moose Lake Provincial Nursing Station and Nurse Residence Accommodation (Mosakahiken Cree Nation) – This project involved the replacement of the nursing station and nurse residence accommodation on the Mosakahiken Cree Nation. The new nursing station will be approximately 7,700 square feet; include three exam rooms and one two-stretcher trauma room, a multipurpose room to accommodate community gatherings, educational functions and spiritual ceremonies, home hemodialysis room for renal health and three offices for visiting physicians and professionals from the Manitoba Renal Program, the Northern RHA, the regional diabetes program, the mental health program and the midwifery program. The new nurse residence accommodation will include 4 housing units at approximately 1,727 square feet per unit.
- Prairie Mountain Health – Dauphin Regional Health Centre – Upgrade the existing chiller units to meet current environmental regulations.

- Winnipeg Regional Health Authority – Grace General Hospital – Acute Mental Health Unit - This project involved the upgrade and renovation of the fifth floor south bed tower of the hospital to accommodate the relocation of the 20 bed acute in-patient Mental Health Unit from its current location (free standing building east side of campus).
- Winnipeg Regional Health Authority – Misericordia Health Centre – Construction of a new 3,737 square feet Medical Device Reprocessing Department to correct operational and physical deficiencies.
- Winnipeg Regional Health Authority – Seven Oaks General Hospital – Upgrade the existing chiller units to meet current environmental regulations.

Primary Care:

- Prairie Mountain Health – Swan River – Swan Valley Primary Care Centre – Interior renovations to accommodate the existing care centre currently located at different sites in Swan River. This new location will provide space for primary care such as: wellness (disease detection, physicals, wellness checkups, well baby care, immunizations), disease management (wound care, removal of stitches, routine intramuscular injections, ostomy checks, ear syringes, tetanus, diabetes care) and including staff space for: dietician, mental health worker, addictions workers, chronic disease educators, etc. There is also space for a medical clinic with 14 exam rooms.

Capital Projects under construction or continued construction during the 2015/16 fiscal year:

Acute Care:

- Interlake-Eastern RHA – Selkirk Regional Health Centre – Construction of a new health centre is under way in Selkirk. The new facility, approximately 184,870 square feet, will include surgery, obstetrics, medicine, emergency, diagnostic imaging, rehabilitation, community cancer outreach, dialysis, palliative care and MRI imaging.
- Northern RHA – Grand Rapids Provincial Nursing Station (Misipawistik Cree Nation) – Construction of a new nursing station is being built in Grand Rapids to serve the Town of Grand Rapids and the Misipawistik Cree Nation. The new nursing station will be approximately 8,945 square feet, includes three exam rooms and one two-stretcher trauma room, a multipurpose room to accommodate community gatherings, educational functions and spiritual ceremonies, home hemodialysis room for renal health and three offices for visiting physicians and professionals from the Manitoba Renal Program, the Northern Regional Health Authority, the regional diabetes program, the mental health program and the midwifery program. The nursing station also includes a diagnostic services component consisting of digital radiography and communications, and a phlebotomy laboratory with a connection to the Provincial Data Network (PDN).
- Prairie Mountain Health – Dauphin Regional Health Centre MRI Suite – The MRI suite will be located in a new, approximately 2,500 square feet building at the facility and include the MRI control room, the MRI room, equipment and waiting rooms, washrooms, housekeeping, storage, change rooms and staff work areas.
- Southern Health-Santé Sud – Morden – Construction of a 77,319 square feet new freestanding 100 bed long term care facility is underway on the outskirts of the Town of Morden. The new single storey facility for 80 personal care home residents and 20 supportive housing units is replacing the 60 bed Tabor Home.
- Southern Health-Santé Sud – Notre Dame de Lourdes – Construction of a 19,881 square feet new 10-bed health centre is underway in the Town of Notre Dame. The new health centre will include ER/trauma, diagnostic services and a birthing suite. The new facility is replacing the existing hospital.
- Southern Health-Santé Sud – Steinbach – Bethesda Regional Health Centre – Main Entry Ramp and Entry Modifications - Modifications to the existing ramp at the facility main entrance to provide additional rest areas/passing landings, improved hand rails and lighting. Construction of a new grade level lobby and elevator to provide direct access via the elevator to the mail level of the hospital.
- Winnipeg Regional Health Authority – Grace General Hospital – Emergency Department (ED) Redevelopment –The new ED will require approximately 38,698 square feet in order to comply with current CSA Z8000 standards and provide improved patient care and flow. The new ED will include the following: a dedicated diagnostic area within ED to accommodate a point of care lab, general radiology and ECG, a new ambulance garage with a dedicated entrance and sized to accommodate simultaneous ambulances, a new link to connect to the main hospital entrance, ACCESS Centre and MRI departments, rooms and corridors will be sized to meet standards along with proper support spaces. There will be ground floor mechanical and electrical rooms and will be sited between the front entrance of the hospital to the west and the ACCESS Centre building to the east. It will be one

floor, new construction and tie in with the existing hospital. It will share a corridor and a stairwell with the MRI (also under construction). Public access will be from the south along Pearl McGonigal Way, and the ambulance access will be from Booth Drive.

- Winnipeg Regional Health Authority – Grace General Hospital – MRI - The MRI suite will be approximately 5,000 square feet and includes: staff offices, waiting areas, washrooms, housekeeping, storage, change rooms, sedation bays, the MRI control room, the MRI room (houses the magnetic) and an equipment room. The MRI suite will be located adjacent to the existing Diagnostic Imaging and Laboratory Department. All of the diagnostic services will be in one location.
- Winnipeg Regional Health Authority – St. Boniface General Hospital – Renovations to Cardiac Care Unit A5 West to increase access to cardiac specialty procedures and improve cardiac patient flow.
- Winnipeg Regional Health Authority – Specialized Services for Children and Youth Consolidation (SSCY) - This project is a 99,000 square foot tenant improvement for the new centre for children with physical challenges and special needs in the historical Christie's Biscuits factory building on Notre Dame Avenue in Winnipeg. Services will include: prosthetics, orthotics, physiotherapy, occupational therapy, assistive technology, outreach therapy, school therapy, augmentative and alternative communication, physician specialty clinics (including juvenile amputee, eating, spine bifida, cerebral palsy, assistive technology, spasticity, neurology, orthopedic, muscular dystrophy), mechanical design and services, x-rays and electronics.
- Winnipeg Regional Health Authority – Diagnostic Imaging Facility – Construction of a new diagnostic centre of excellence at the Health Sciences Centre. The new, seven storey, 91,000 square foot centre will be linked to the Children's Hospital, the Ann Thomas Building and the new Women's Hospital. This will provide additional diagnostic imaging capacity.
- Winnipeg Regional Health Authority – New Women's Hospital at Health Sciences Centre – will be a state-of-the-art facility that will support moms, babies and their families through childbirth as well as serve as a centre of excellence for women' health, offering surgical and consultation services for women of all ages.

Primary Care:

- Interlake-Eastern RHA – Powerview-Pine Falls – Pine Falls Health Complex – The new 16,000 square feet addition will house the existing primary care clinic and a new traditional healing centre. The primary care clinic is relocating from the basement to expanded space on the main floor. The Traditional Healing Centre is designed specifically around Indigenous patients/clients' cultural needs, providing the opportunity to use familiar surroundings/treatments as part of their health care plan
- Interlake-Eastern RHA – Lundar Primary Care Clinic – Renovations to the Lundar Health Centre to allow for better co-ordinated Primary Health Care Services in the community and surrounding area.
- Prairie Mountain – Ste. Rose du Lac Primary Health Care Centre – Construction of a new 8,325 square feet facility will replace the existing Community Health Services building. Space will be included for primary care services, public health care, chronic disease management education, home care and mental health services.
- Winnipeg Regional Health Authority – ACCESS Fort Garry - The new ACCESS Fort Garry is approximately 51,357 square feet of rentable space located at Pembina Crossing Mall on Pembina Highway. The development of ACCESS Fort Garry allows for responsive, timely and appropriate community-based services.
- Winnipeg Regional Health Authority – ACCESS Saint-Boniface - The new ACCESS Saint-Boniface is approximately 50,865 square feet of rentable space located at 170 Goulet Street at the intersection with Kenny Street. The development of ACCESS Saint-Boniface allows for responsive, timely and appropriate community-based services.

Safety and Security:

- In addition to the major projects completed and initiated, approximately 157 Safety and Security/maintenance projects were approved throughout the province.

2(e) Capital Planning

Expenditures by Sub-Appropriation	Actual 2015/16 $(000's)	FTE	Estimate 2015/16 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	757	11.00	892	(135)	
Other Expenditures	99		135	(36)	
Total Sub-Appropriation	**856**	**11.00**	**1,027**	**(171)**	

Drug Management Policy Unit

The Drug Management Policy Unit (DMPU) provides prospective, integrated and long-term strategic policy and planning capacity on emerging drug management and utilization issues.

The objectives were:

- To provide provincial drug management expertise and strategic policy and planning leadership to facilitate the provision of integrated, coordinated, cost efficient, effective, equitable, and sustainable publicly funded drug benefits across the continuum of care in Manitoba.

The expected and actual results for 2015/16 included:

1. Management of pharmaceutical expenditures to ensure sustainable and equitable publicly-funded drug benefits.
    - As of April 1, 2015, the pan-Canadian Pharmaceutical Alliance has set the price point for fourteen of the most common drugs at 18% of the equivalent brand name product.
    - Actual Pharmacare drug costs for 2015/16 were 12.3% higher than 2014/15 actuals and were 3.46% above the 2015/16 budgeted amount. For the Home Cancer Drug Program, actual drug costs for 2015/16 were 10.7% higher than 2014/15 actuals and were 21.5% above the 2015/16 budget amount.
    - A Manitoba Health, Healthy Living and Seniors-CancerCare Manitoba (CCMB) Accountability Working Group, with representatives from CCMB, Regional and Capital Finance (Manitoba Health, Healthy Living and Seniors), Regional Policy and Programs, and Provincial Drug Programs was established and met on a regular basis to discuss Provincial Oncology Drug Programs (PODP) and the Home Care Drug Program (HCD) expenditures to improve forecasting and tracking.
    - The "Home Cancer Drug (HCD) Program"—a program for Manitobans diagnosed with cancer—that allows access to eligible outpatient oral cancer and specific supportive drugs at no cost to the patient, continued in 2015/16. There were 8,202 individuals registered in the HCD Program in 2015/2016 (up from 8,067 in 2014/15), and it is estimated that there were savings to these individuals of $6.34 million in deductibles.

2. Development and implementation of integrated, evidence-based drug use management policies and initiatives to facilitate appropriate utilization for prescription drug benefits and ensure sustainable and equitable publicly funded drug benefits.
    - The DMPU continued to support the Manitoba Pediatric Insulin Pump (MPIP) Program for Manitoba youth under the age of 18 years with Type 1 Diabetes. Through a funding agreement, access to insulin pumps is provided by the Winnipeg Regional Health Authority, Child Health Program Diabetes Education Resource for Children and Adolescents. In its first year of operation (2012/2013), the MPIP Program provided 23 pumps and associated training. Up to March 31, 2016, a total of 115 pumps have been purchased and user training completed through the MPIP Program.
    - In 2015-16, an additional 36 brand drugs were added to the Manitoba Formulary as either a new product or as a line extension (new indication or new dosage/format) though utilization management agreements (UMAs) that were completed with product suppliers; while 226 new generic Drug Identification Numbers were added to the provincial formulary

3. Ongoing establishment of forums and opportunities for collaboration among providers, prescribers, patients, F/P/T partners, and industry to advance positive health outcomes.
    - Manitoba was an active participant in the pan-Canadian Pharmaceutical Alliance (pCPA) that worked towards expanding the number of brand name drugs considered for reimbursement, and obtained better value for generic drugs. The pan-Canadian approach capitalizes on the combined purchasing power of public drug plans across multiple jurisdictions, and is expected to lead to lower drug costs, increased access to drug treatment options and increased consistency of product listing decisions across participating jurisdictions.
    - The department coordinated the meetings of the Manitoba Monitored Drugs Review Committee, an external, expert drug and therapeutics advisory committee established to help identify patterns or trends surrounding the prescribing, dispensing and use of monitored drugs and make recommendations to the Minister of Health in order to optimize patient care. The Committee included representatives from the College of Physicians and Surgeons of Manitoba, the College of Pharmacists of Manitoba, the College of Registered Nurses of Manitoba, the Manitoba College of Family Physicians and Doctors Manitoba.

4. Ensure appropriate accountability for public funds paid to pharmacy owners who provide prescription drugs/products and related pharmaceutical services to Manitobans enrolled in the various provincial drug programs.
   - The Drug Management Policy Unit (DMPU) continued to execute Pharmacy Agreements with all community pharmacies in Manitoba. This agreement formalizes the existing business relationship between MHHLS and pharmacy owners.
   - Both the Pharmacy Agreement and Pharmacy Claims Audit Policy (which outlines the process for conducting audits) was intended to ensure appropriate accountability for public funds paid to pharmacy owners who provide prescription drugs/products and related pharmaceutical services to Manitobans who are enrolled in the various provincial drug programs.

5. Set out the terms and conditions under which pharmacy owners are granted access to the department's Drug Program Information Network (DPIN).
   - The DMPU set out the terms and conditions under which pharmacy owners are granted access to the department's DPIN in the Pharmacy Agreements that are executed with all community pharmacies in Manitoba.

2(f) Drug Management Policy Unit

Expenditures by Sub-Appropriation	Actual 2015/16 $(000's)	FTE	Estimate 2015/16 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	642	8.00	699	(57)	
Other Expenditures	758		167	591	1
External Agencies	418		424	(6)	
Total Sub-Appropriation	**1,818**	**8.00**	**1,290**	**528**	

Explanation Number:

1. Primarily due to research expenditures offset by general revenues.

Cadham Provincial Laboratory Services

Cadham Provincial Laboratory (CPL) is Manitoba's public health laboratory and provides specialized laboratory services related to screening for communicable disease control programs, outbreak support for public health and infection control practitioners, newborn screening for metabolic, endocrine and genetic disorders, specialized testing in bacteriology, parasitology and virology, and consultation, education and research related to all of the above.

The objectives were:

- To provide public health laboratory services that contributes to strategic population health improvements.
- To improve disease detection and control with timely and specific distribution of laboratory information to practitioners and stakeholders
- To work openly with stakeholders to develop productive collaborations in public health practice, education and research, locally and nationally.
- To improve laboratory productivity and plan for future technological/scientific needs.

The expected and actual results for 2015/16 included:

1. Provision of responsive public health laboratory services to government departments, regional health authorities, Cancer Care Manitoba, health practitioners, medical laboratories and other stakeholders.
   - Assisted regional health authorities in understanding the use and distribution of recommended screening tests in their catchment areas.
   - Assisted CancerCare Manitoba in developing a Community-Acquired Respiratory Virus protocol.
   - Assisted Manitoba Justice in providing screening in provincial correctional facilities.
   - Provided assistance during investigation and response to boil water advisories

2. Increased uptake for recommended screening programs.
   - Screening for each of the sexually-transmitted and blood borne infections (STBBIs) experienced an increase in uptake in 2015.
   - All instances where one STBBI was tested experienced an increase in testing for other STBBIs, as is recommended.
   - Increased newborn screening was evident in 2015.

3. Improved response to outbreak investigations, leading to increased detection of preventable disease.
   - Expanded availability of broad respiratory virus detection assays to all inpatient services in Manitoba to support infection control initiatives
   - Improved detection of respiratory viruses in outbreak investigations by ~4%.
   - Evaluated a culture-independent method of investigating enteric outbreaks. Genetic testing for causes of food borne illness (e.g. Salmonella), rather than attempting to culture the pathogen, are felt to be the future direction of disease control.

4. Population demographic monitoring included in strategic planning.
   - Reviewed pregnancy rates by maternal age, and other rates of indicated conditions, to predict potential use of cell-free fetal DNA test services
   - Developed approach to predicting laboratory service use based on ordering practitioner numbers

5. Refinement of public health protocols, plans and disease control strategies.
   - Contributed to work on the Reportable Disease Regulation and to specific communicable disease protocols including: seasonal influenza, Creutzfeldt - Jakob disease, gonorrhea, syphilis, Anaplasmosis, Severe Acute Respiratory Illness, and Hanta Virus.
   - Assisted in the development and distribution of national guidelines including for the laboratory testing of syphilis, Middle-East Respiratory Syndrome Corona Virus (MERS-CoV) and for definitions pertaining to bacteria resistant to multiple antibiotics.
   - Assisted in the development of protocols for Universal Newborn Hearing Screening in Manitoba.
   - Contributed to the Manitoba Sexually Transmitted and Blood Borne Infection Strategy, the Manitoba Public Health Strategy, the Blueprint on a Federated System for Public Health Surveillance in Canada, and led the Cadham Provincial Laboratory Strategic Services Plan.

6. Productive collaborations on externally-funded research.
   - Sentinel surveillance for Human Papillomavirus causing cervical dysplasia and cancer with partners from CancerCare Manitoba, medical labs and the University of Manitoba.
   - Productive collaborations with investigators from the following organizations:
     University of Manitoba, MHHLS, Winnipeg Regional Health Authority, Winnipeg Children's Hospital, Public Health Agency of Canada, National Microbiology Laboratory, National Laboratory for HIV Reference Services, Canadian Public Health Laboratory Network, PulseNet Canada, CancerCare Manitoba, University of British Columbia, British Columbia Centre for Disease Control, University of Antioquia, University of Cauca, University of Bristol, University of Nairobi, University of Ottawa, University of Toronto, University of Victoria, Region 4 Collaborative Group, Canadian Pediatric AIDS Research Group, Circumpolar Health Group, Canadian Program for Integrated Program for Antimicrobial Resistance Surveillance

7. Improved reporting effectiveness through refinement of information services delivered through the Public Health Laboratory Information Management System.
   - Established a project to optimize notification of Infection Prevention and Control (IPC) staff in Manitoba inpatient facilities of results that require IPC action
   - Established streamlined reporting approach to delivering public health results to public health investigators.

2(g) Cadham Provincial Laboratory Services

Expenditures by Sub-Appropriation	Actual 2015/16 $(000's)	FTE	Estimate 2015/16 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	9,328	100.50	8,349	979	1
Other Expenditures	7,679		8,355	(676)	
Total Sub-Appropriation	**17,007**		**16,704**	**303**	

Explanation Number:

1. Primarily due to miscellaneous salaries over-expenditures.

Health Workforce Secretariat

Administration

The objectives were:

- Enhanced integration of the four primary areas of the Health Workforce Secretariat, as well as increased coordination of their functions in relation to associated internal and external stakeholders and partners.

The expected and actual results for 2015/16 included:

1. Effective leadership and management of the Health Workforce Secretariat.
   - Health Human Resource Planning, Medical Staff Recruitment and Administration, Contracts and Negotiations and Fee-for-Service/Insured Benefits continue to be functionally aligned through regular leadership team meetings and staff meetings.

2. Functional integration of all areas of the Health Workforce Secretariat, including operational management and oversight of health workforce related activities of the Secretariat's key stakeholders and partners.
   - Functional integration of Health Human Resource Planning, Medical Staff Recruitment and Administration, Contracts and Negotiations and Fee-for-Service/Insured Benefits and regular meetings with internal and external stakeholders has resulted in enhanced alignment between the Health Workforce Secretariat and its key stakeholders and partners.

3(a) Administration

Expenditures by Sub-Appropriation	Actual 2015/16 $(000's)	FTE	Estimate 2015/16 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	680	7.80	813	(133)	
Other Expenditures	326		184	142	
Total Sub-Appropriation	**1,006**	**7.80**	**997**	**9**	

Contracts and Negotiations

Contracts and Negotiations, within the Health Workforce Secretariat, develops objectives and mandates for bargaining with physicians and other health care professionals, conducts negotiations and participates in other dispute resolution processes with professional associations and unions to settle general contract and collective agreement terms, and administers related remuneration agreements.

The objectives were:

- To develop appropriate funding and remuneration arrangements with medical and medical-related professionals and organizations within the context of an integrated provincial health human resource framework.
- To represent the department in negotiations/arbitration concerning fee-for-service and alternate funded remuneration for medical and medical-related practitioners.

- To administer both fee-for-service and alternate funded agreements/arrangements for these practitioners.
- To work with the Labour Relations Secretariat and the regional health authorities, Diagnostic Services of Manitoba and CancerCare Manitoba, and review, assess and advise on collective bargaining issues relating to the nursing, professional/technical and paramedical, maintenance and trades, and support sectors.
- To provide support for departmental initiatives, including primary care initiatives such as My Health Teams, the inter-professional team demonstration initiative and comprehensive care; the Cancer Patient Journey; and other new initiatives and objectives through the review and development of medical and medical-related remuneration arrangements.

The expected and actual results for 2015/16 included:

1. Continued administration and interpretation of the current Doctors Manitoba Master Agreement in support of RHA and other system stakeholders' service delivery.
   - Continued to analyze and work through issues such as the chronic disease management/comprehensive care tariffs, implementation of new tariffs, service provision to northern and rural areas, and work to enhance the performance and sustainability of the health care system as agreed in the 2015 Doctors Manitoba Master Agreement.

2. Continued involvement in negotiations and the renewal of the Doctors Manitoba Master Agreement.
   - Continued to implement the Master Agreement that was reached with Doctors Manitoba in February of 2015. The Agreement is effective from April 1, 2015 to March 31, 2019.
   - Commenced work with health system stakeholders, including Doctors Manitoba, pursuant to the 2015 Master Agreement to enhance the performance and sustainability of the health care system, in an effort to realize medical and other health care system efficiencies of $50 million over the term of the Agreement.

3. Renewal of agreements with other medical related health practitioner groups, as they expire.
   - Negotiated first collective agreements with the Physician and Clinical Assistants of Manitoba (PCAM), which are effective from April 1, 2015 to March 31, 2019. PCAM represents physician and clinical assistants who are employed by the regional health authorities and CancerCare Manitoba with the exception of those employed by Prairie Mountain Health who are represented by the MGEU.
   - Negotiated a renewal of the agreement with the Manitoba Dental Association, which is effective from April 1, 2015 to March 31, 2019.

4. Uninterrupted delivery of medical services related to compensation issues.
   - Continued to work with the regional health authorities and other health system stakeholders to address issues related to staffing vacancies, resource reallocation, emergency room coverage, and service contracts for specific physician groups to ensure continued provision of medical services throughout the province.

5. Work together with Labour Relations Secretariat to develop positions and strategies for negotiations with nursing and other allied health care providers to renew their agreements as they expire.
   - Worked with the Labour Relations Secretariat, which bargains on behalf of healthcare employers, in their negotiations with the Facility Support, Community Support, Professional/Technical and Paramedical, and Maintenance and Trades sectors. The following agreements were settled in 2015/16:
     - Facility Support sector employees who are represented by the Canadian Union of Public Employees (CUPE), Manitoba Association of Health Care Professionals (MAHCP), Manitoba Government and General Employees' Union (MGEU), Operating Engineers of Manitoba (OEM), Public Service Alliance of Canada (PSAC), United Food and Commercial Workers Union and UNIFOR, were renewed. The ratification process concluded in April of 2015. The agreements are effective from April 1, 2012 to March 31, 2017.
     - Community Support sector employees who are represented by the MGEU were also renewed. The ratification process concluded in December of 2015. The agreements are effective from April 1, 2013 to March 31, 2018.
     - Professional/Technical and Paramedical sector employees represented by MAHCP, UFCW, CUPE (Midwives), and the Winnipeg Association of Public Service Officers (WAPSO) were also renewed. In addition, agreements for 4 of the 6 MGEU locals were also renewed. The

ratification process for those agreements which have ratified concluded in the spring of 2016. The agreements are effective from April 1, 2014 to March 31, 2017.

6. Continued development and refinement of remuneration options for the existing and emerging healthcare delivery system.
   - Conducted reviews of service delivery and compensation models for physicians in the province related to work being done to enhance the performance and sustainability of the health care system with a view to realizing medical and other health care system efficiencies over the term of the 2015 Master Agreement.
   - Continued to participate in discussions regarding the development and refinement of remuneration options and structures to incent appropriate emergency room and primary care service provision in Manitoba.

3(b) Contracts and Negotiations

Expenditures by Sub-Appropriation	Actual 2015/16 $(000's)	FTE	Estimate 2015/16 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	809	11.00	821	(12)	
Other Expenditures	98		183	(85)	
Total Sub-Appropriation	**907**	**11.00**	**1,004**	**(97)**	

Health Human Resource Planning

Health Human Resource Planning (HHRP) is an integrated policy unit within the Health Workforce Secretariat which focuses on providing strategic analysis with respect to the supply and utilization of health providers within the provincial health system as well as the impact of system initiatives and programs in its evaluation of health human resource management and planning.

Health Human Resource Planning facilitates recruitment and retention activities through targeted policy initiatives and resource allocations.

The objectives were:

- To provide policy direction and departmental leadership in the development of health human resource policy, planning and monitoring. This includes supply, utilization, legislation and adjustment strategies for all healthcare providers to support the delivery of healthcare in Manitoba.
- To provide policy advice, at the provincial level, on funding and compensation mechanisms, policies, innovations, concept models, and related structures to facilitate optimum delivery of services by health providers in a cost-effective and efficient manner.

The expected and actual results for 2015/16 included:

1. Sustain a continued intake of health professionals into all current education programs commensurate with health system needs.
   - Continued to work with key stakeholders, including Manitoba Education and Advanced Learning, to monitor the education and training program needs for health professionals in the province, including student enrolments in the current education programs. In addition, discussions will continue regarding various educational initiatives and recommendations related to the education programs, including attracting students to health care professions within Manitoba as well as accessibility to training programs.

2. Optimize the number of health professionals working in Manitoba.
   - Between 2014 and 2015, the change in the number of medical and nursing professionals registered to practice in Manitoba was as follows:
     - Specialist physician count increased by 49 from 1,345 to 1,394.
     - General practitioner count increased by 17 from 1,337 to 1,354.
     - Registered Nurse (RN) count increased by 37 from 13,510 to 13,547.
     - Nurse Practitioner (NP) count increased by 23 from 149 to 172.
     - Registered Psychiatric Nurse (RPN) count increased by 34 from 983 to 1,017.
     - Licensed Practical Nurse (LPN) count increased by 52 from 3,303 to 3,355.

- Supported the development of the Provincial Clinical and Preventive Services Plan that will include recommendations with respect to optimizing the configuration and number of health care professionals working in Manitoba.
- Continued to evaluate the Nurses Recruitment and Retention Fund (NRRF) and the Physician Recruitment and Retention Program in order to optimize access and utilization by nurses and physicians.

3. HHRP participation in analysis of scope of practice resulting from *The Regulated Health Professions Act* implementation process.
   - Provided advice as part of a stakeholder consultation with respect to the proposed nursing regulations under *The Regulated Health Professions Act*.

4. Sustain regional health authority (RHA), including CancerCare Manitoba and Diagnostic Services Manitoba, attendance at health professional recruitment events.
   - HHRP is committed to sustaining RHA attendance at health professional recruitment events locally, nationally and internationally. Participation in these events is determined strategically and in consultation with RHAs and other stakeholders, and in order to address program and regional HHR demands.
     - In support of ongoing provincial nursing recruitment, the NRRF continued to support regional recruiter attendance at several nursing career fairs in 2015/16 resulting in increased awareness of nursing employment opportunities and actual new employees to several regions.
     - In support of ongoing provincial medical recruitment, HHRP continued to support regional and departmental recruiter attendance at several medical career fairs in 2015/16 resulting in increased awareness of medical practice opportunities.

5. Improve health system input into the decision making process for the allocation of education seats for health professionals.
   - Specific to residency physicians, MHHLS has had direct participation with the College of Medicine in the allocation of first year residency positions.
   - Worked with Education and Advanced Learning to address needs with respect to ultrasound technicians and echocardiography technicians.
   - Engaged with Red River College, Assiniboine College, the Colleges of Registered Nursing and Licensed Practical Nursing to investigate opportunities to establish expanded bridge training for Internationally Educated Nurses.
   - In partnership with the College of Midwives of Manitoba, designed an assessment program for Internationally Educated Midwives.
   - Continued to support the Registered Nurses assessment program for Internationally Educated Nurses at the Health Sciences Centre and fund the International Medical Graduate Program.

6. Implement a new Health Workforce website.
   - Supported developmental work with respect to the redesign of the health workforce website (http://www.healthcareersmanitoba.ca/), including the design, content and functionality of the new website.
   - The new website launched in June 2015, and is called the Manitoba Healthcare Providers Network. The purpose of the website is to connect health care providers with positions/opportunities in Manitoba. The website also provides important information about living and practicing in Manitoba, and is meant to be an all encompassing website for provincial health workforce recruitment.

7. Inform system stakeholders of the impact of current department objectives on the health human resources of the current system.
   - Performed initial consultations with educational institutions, regulators, RHAs and government departments to inform and assess the current demands on the supply of health professionals resulting from implementing department objectives such as the Family Doctor for All initiative, the Cancer Patient Journey and other new initiatives.

8. Increase the production of diagnostic imaging health professionals from the Red River College program.
   - Transferred the ultrasound training program from Health Sciences Centre (HSC) to Red River College (RRC). HSC and RRC implemented program timing to ensure the program graduates

students every year. The intake increased from 13 to 16 students for Fall 2015. These changes should ensure sufficient number of graduates to address the current shortage of ultrasound technologists in the province.

3(c) Health Human Resource Planning

Expenditures by Sub-Appropriation	Actual 2015/16 $(000's)	FTE	Estimate 2015/16 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	619	10.00	747	(128)	
Other Expenditures	46		107	(61)	
External Agencies	182		223	(41)	
Total Sub-Appropriation	**847**	**10.00**	**1,077**	**(230)**	

Fee-For-Service/Insured Benefits

Fee-for-Service/Insured Benefits is comprised of Registration/Client Services, Medical Claims Program, Out-of-Province Benefits, Audit and Investigation and Third Party Liability. As part of the Health Workforce Secretariat, Fee-for-Service/Insured Benefits provides leadership in the planning, management and monitoring of fee-for-service payments made on behalf of all Manitoba residents to all healthcare providers insured under the Manitoba Health Services Insurance Plan, including physicians, oral surgeons, chiropractors and optometrists. This includes providing policy direction in the development of service improvements, legislative changes and benefit plan design to support the department's goals and priorities in the delivery of healthcare.

The objectives were:

- To manage primary administrative aspects of the fee-for-service (FFS) remuneration system, including negotiation of and amendments to the Manitoba Physician's Manual.
- To administer most aspects of the insured health services and benefits program, including the registration of Manitoba residents for provincial health plan coverage, FFS claims processing, inter-provincial reciprocal billing agreements, hospital abstracts, out-of-province claims, out-of-province transportation subsidies, practitioner registry, audit and investigation of fee-for-service billings and third party liability recoveries for insured services.

The expected and actual results for 2015/16 included:

1. A sustainable Insured Benefits program in Manitoba in accordance with legislative requirements.

Registration/Client Services

- Visits to the Client Services counter increased from 43,364 in 2014/15 to 48,691 in 2015/16. Client Services handled 195,225 telephone enquiries.
- Issued 266,078 Manitoba Health Registration Certificates and processed 212,067 address changes.
- 42,862 net new Personal Health Identification Numbers (PHIN) were issued in Manitoba with 16,033 new certificates issued to 18-yr-olds receiving their own individual registration numbers for the first time as adults, in addition to 136,217 status changes (e.g. births, deaths, marriages and separations).
- Customers who visited the department website opted to use an "online form" in 7,419 instances to submit their request for a change to their Manitoba Health Registration Certificate.

Medical Claims

- Received and adjudicated claims for 26.9 million medical services, 616,949 optometric services, 1,019,814 chiropractic services and 6,561 oral surgery services.
- Processed claims for 265,576 services provided by Manitoba physicians to residents of other provinces for recovery of payments through the Interprovincial Reciprocal Billing Agreement.

Out-of-Province Claims

- Adjudicated 939 requests from Manitoba specialists on behalf of their patients for coverage of services outside of Manitoba.

- Provided $1.7 million in travel subsidies to 445 patients for 45 international (USA) and 593 domestic trips.
- Adjudicated 9,228 physician claims, 3,065 outpatient visits and 2,344 inpatient days for emergency care outside of Canada.
- Paid $13.0 million to other provinces and territories in accordance with the Interprovincial Reciprocal Billing Agreement for physician's fees (excluding Quebec physicians) and $39.3 million for hospital services on behalf of Manitoba residents who received care elsewhere in Canada.
- Received $16.2 million in recoveries for physicians fees (excluding Quebec physicians) and $55.9 million for hospital services as a result of reciprocal billings to other provinces and territories for care provided to their residents.
- Represented the department in 9 hearings of the Manitoba Health Appeal Board.

2. Customer focused service for health care providers and patients who are informed of, and receive, benefits to which they are entitled under the provincial health plan.
   - Manitoba Health Registration Certificates were issued, on average, within 7 business days of the receipt of the application.
   - Registration/Client Services achieved an average of 10 minutes in assisting clients in person and 2 minutes for clients visiting the express service counter for simple address changes and replacement of Manitoba Health Registration Certificates.
   - Staff participated in the stabilization and sustainment of the new claims processing system using innovative technology to improve system efficiencies resulting in greater consistency in adjudication and timeliness in the processing of payments to fee-for-service providers.

3(d) Fee-for-Service / Insured Benefits

Expenditures by Sub-Appropriation	Actual 2015/16 $(000's)	FTE	Estimate 2015/16 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	5,985	105.50	5,394	591	1
Other Expenditures	1,219		1,106	113	
Total Sub-Appropriation	**7,204**	**105.50**	**6,500**	**704**	

Explanation Number:

1. Primarily due to miscellaneous salaries over-expenditures.

Public Health and Primary Health Care

Public Health and Primary Health Care (PHPHC) focused on a number of key planning and policy areas throughout the year, including primary care renewal, Aboriginal health, chronic disease management, wait times reduction, public health including public health inspections services. PHPHC continues to provide direct service through the provincial nursing stations.

Administration

The objectives were:

- Build capacity in the public health and primary care systems to:
  - Effect evidence-informed, innovative and sustainable system advancements
  - Improve access to efficient, quality, patient-centered service
  - Reduce health disparities and support Manitobans to maintain or improve their health status
  - Improve access to coordinated health and social supports for the most vulnerable populations: young families, seniors, individuals with mental health issues, individuals who are homeless or at risk of homelessness, and individuals who are frequent users of acute health services
  - Represent the government of Manitoba on federal, inter-provincial, inter-jurisdictional health issues

The expected and actual results for 2015/16 included:
Development, implementation and evaluation of policies, strategies, programs and services for Manitobans that address:

1. Public health
   - Provided leadership and support to promote integrated and comprehensive public health policies, programs and services throughout Manitoba. Disease prevention and control, health protection, surveillance, health protection and response to public health issues and emergencies were focus areas of public health planning and coordination.

2. Aboriginal health
   - Strengthened key relationships with First Nations and Métis governing organizations to leverage opportunities to work collaboratively on issues that impact health outcomes for First Nations and Métis peoples.
   - Supported strategic alliances with federal counterparts to discuss collaboration on program and service planning that would improve Indigenous health outcomes in northern and remote communities.
   - Co-chaired the Inter-governmental Committee on First Nations Health and Social Development.
   - Increased understanding on key issues that impact Indigenous health such as the social determinants of health, jurisdictional ambiguities, and the importance of cultural competency and safety within the indigenous context.

3. Primary Care
   - Provided leadership and support for the participation and collaboration of partners and stakeholders in planning to improve access to and quality of primary health care for Manitobans, including development of QuickCare clinics, primary care mobile clinics, Advanced Access programs and My Health Teams (physician integrated networks).

4. Maternal and child health care
   - Co-chaired a multi-sectoral and multi-jurisdictional working group on infant mortality whose mandate it is to indentify initiatives to reduce infant mortality in Manitoba.

5. Care provision at provincial nursing stations
   - Oversaw continued enhancements to capital, health human resources planning and improved service delivery at the three provincial nursing stations. Strengthened community engagement and ongoing dialogue regarding health and health care with the three communities in collaboration with Northern Regional Health Authority.

6. Services for under-served communities and most vulnerable populations
   - Provided leadership and support for stakeholder engagement and policy and program development in areas of indigenous health, primary care, maternal and child health, and public health focused on improving health outcomes for vulnerable populations in Manitoba.

7. Access to efficient and quality chronic disease care
   - Provided leadership and strategic direction on policies and strategies for health promotion and chronic disease prevention and management.

4(a) Administration

Expenditures by Sub-Appropriation	Actual 2015/16 $(000's)	FTE	Estimate 2015/16 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	295	3.45	278	17	
Other Expenditures	170		122	48	
Total Sub-Appropriation	**465**	**3.45**	**400**	**65**	

Public Health

Public Health in Manitoba aims to provide leadership and coordination for an integrated and strategic approach to public health programs and services at the regional and provincial levels. The core functions of public health are population health assessment, health surveillance, disease and injury prevention, health promotion and protection. The efforts of the Public Health Branch aim to assist government, RHAs, the community and health professionals in the planning and effective response to public health issues and emergencies. The Public Health Branch works collaboratively with the Office of the Chief Provincial Public Health Officer (CPPHO) and Cadham Provincial Laboratory Services, other departments, offices and key stakeholders throughout the province.

The objectives were:

- To monitor and report on the health status of Manitobans.
- To ensure compliance with the standards and regulations of *The Public Health Act*.
- To advocate for the improvement of the health status of Manitobans and to reduce health disparities.
- To provide provincial leadership, strategic direction, and coordination within the scope of public health including, but not limited to, population health and health equity, communicable disease, infection prevention and control, environmental health, injury prevention, health promotion, and public health practice and programs.
- To provide public health intelligence (collection, analysis, and interpretation of data; review of research and information) to guide the department, other departments, regional health authorities, and health organizations in the planning, development, and evaluation of public health policies, programs, and strategies.
- To detect, assess, and address public health risks and emerging public health issues.
- To lead and coordinate responses to public health emergencies.

The expected and actual results for 2015/16 included:

1. Consistency of regulations under *The Public Health Act* with public health best practice, national standards and program needs.
    - Effective January 1, 2016, *The Public Health Amendment Act* (Prohibiting Children's Use of Tanning Equipment and Other Amendments) and amendments to the Tanning Regulation made under *The Public Health Act* came into force, protecting Manitoba children from the harmful effects of indoor tanning by prohibiting use of artificial tanning equipment by youth unless recommended by a dermatologist.
    - Completed the first draft of the revised recreational camp regulation. The regulation will determine the operating standards for recreational camps in Manitoba, and assist in protecting the health of the patrons of these establishments.
    - Completed side-by-side draft of the Swimming Pool and Other Water Recreational Facilities Regulation for consideration. This process will bring the regulation up to current industry standards upon proclamation.
    - Completed side-by-side draft of the Food and Food Handling Regulation to bring the regulation up to current industry standards.
    - Completed an analysis of feedback for a proposed personal services regulation and next stage consultations with industry.

2. Identification and management of communicable diseases, environmentally-mediated diseases, public health practice and programs, and infection prevention and control using evidence-informed policies, protocols, standards, and guidelines.
    - Established a work plan to clarify roles and responsibilities for the Office of Drinking Water/Medical Officer of Health/Public Health Inspectors for emerging issues such as boil water advisories and brown water.
    - Developed and distributed an information package about the health risk of lead exposure (due to lead ammunition) to firing range operators.
    - Drafted provincial guidelines for use by regional health authorities for the prevention of antimicrobial resistant organisms.
    - Collaborated with partner departments using the Manitoba One World One Health framework to assess and coordinate human and animal related health issues.

3. Provision of provincial strategic direction on enhanced Sexually Transmitted and Blood-Borne Infection (STBBI) prevention, treatment and surveillance working with Healthy Living and Seniors division, regional health authorities, and other stakeholders.

- Collaborated on development of a Harm Reduction Position Statement by the Chief Provincial Public Health Officer to support and endorse harm reduction activities conducted by regional health authorities and community based organizations.
- Secured increased funding for the Manitoba HIV Program to expand services to better meet provincial needs.
- Secured funding to support the Hepatitis C virus integrated service program.
- Enhanced the provincial syphilis response by improving surveillance, education, prevention and communication.

4. Planned schedule for the implementation of new vaccines licensed in Canada.
   - Implemented immunization schedule efficiencies for school immunizations to ensure best practice while maintaining protection against vaccine-preventable diseases, reducing costs, and aligning Manitoba with other Canadian jurisdictions.
   - Introduced new quadrivalent influenza vaccine for all Manitobans to protect against four strains of influenza. The previous vaccine protected against three strains of influenza.
   - Coordinated the provincial implementation of HPV vaccine for boys in Grade 6 scheduled for September 2016 including a 3 year catch-up program.
   - Evaluated new vaccines approved in Canada in terms of efficacy, safety and cost effectiveness for potential use in Manitoba's publicly funded program.
   - Addressed all 48 recommendations of the 2008 Internal Audit of the Vaccine Preventable Disease program.

5. Coordinated inter-sectoral response to public health emergencies.
   - Implemented a provincial syphilis outbreak response with participation from all regional health authorities and other sectors.
   - Coordinated a public health provincial response to the emerging Zika virus outbreak in South and Central America which included surveillance, public communication and networking with the Public Health Agency of Canada.
   - Evaluated protocols and processes for public health response to extreme heat and wild land fire smoke events.
   - Contributed to the provincial response for Syrian refugees by providing public health advice and consultation.

6. Enhancements to the Food Safety Program and the Public Health Inspection Program.
   - Developed an integrated food safety program with Manitoba Agriculture, Food and Rural Development where both departments share a common data base.
   - The branch collaborated with Manitoba Agriculture, Food and Rural Development on common food safety issues and developed common guidelines and protocols for food safety.
   - The branch and Manitoba Agriculture, Food and Rural Development conducted joint public presentation on food safety matters (i.e. farmers markets, meat hawker guidelines as well as jointly published on line the Health Protection Report to advise public on food safety enforcement and closure matters.
   - Coordinated the food handler training program and issued 9,500 Food Handler Training Certificates to general public and foodservice industry.
   - Published the Community Dinner Guideline, with safe food handling advice for organizers of church suppers, feasts, pot-lucks and Fall suppers.

7. Improved coordination of service delivery for public health inspection services.
   - Developed a working alone policy to meet the unique aspects of the role of public health inspectors using the department's Working Alone Policy.

8. Completion of the 2015 Health Status of Manitobans report.
   - Completed the 2015 Health Status of Manitobans report as legislated in *The Public Health Act*. The report, titled "Healthy Environments, Healthy People," is a resource for all Manitobans and highlights the importance of improving conditions in the environments in which people live, work and play. It stresses the importance of addressing the social determinants of health and health equity to achieve better health outcomes in the population.

9. Provincial Public Health Strategic Plan is completed.
   - Finalized the Population and Public Health Strategy. The strategy addresses the health of populations from a preventative and health promotion perspective.

10. Completion of the Public Health prenatal, postpartum and early years standards.
    - Released "Public Health Nursing Standards: Prenatal, Postpartum and Early Childhood." These standards provide minimum provincial standards and practice expectations for Public Health Nurses.

11. Panorama training and provincial roll-out pilots related to immunization and inventory modules were implemented in Manitoba.
    - Implemented immunization and inventory modules of Panorama in all regional health authority public health offices.
    - Drafted Information Sharing Agreements with non-regional health authority users to support implementation of the immunization and inventory modules of Panorama.

12. Enhancement of existing tools and protocols (ex: notifiable disease reporting forms, databases, dissemination tools) to collect and analyze surveillance information that informs and supports public health service providers, planners, and policy makers.
    - Completed the Framework Outlining Roles and Responsibilities for Notification of a Boil Water Advisory in Manitoba which provides roles when a boil water advisory is issued and sets the basis for operational protocols to be developed across Manitoba for a boil water advisory response.
    - Completed or revised protocols for:
        - Ebola Virus Disease (EVD) Infection Prevention and Control Interim Guidelines for Pre-Hospital Settings (April 2015)
        - Hantavirus Pulmonary Syndrome (August 2015)
        - Gonorrhea (August 2015)
        - Ebola Virus Disease (EVD) Public Health Contact Management Interim Guidelines (Sept 2015)
        - Interim Protocol for Handling Human Remains Infected with Ebola Virus (Sept 2015)
        - Seasonal Influenza (Sept 2015)
        - Cyclosporiasis (an intestinal infection) (March 2016)
    - Implemented a process of surveillance file enhancements for communicable disease data storage.
    - Enhanced data collection systems to improve efficiency in data entry and extraction.
    - Drafted a plan to develop a minimum data collection process (with associated forms) to be compliant with Personal Health Information Act.

13. Development, testing and validation of scientific methodologies that improve epidemiology and surveillance systems in Manitoba.
    - Conducted a scan of surveillance in Manitoba with stakeholder groups.
    - Modeled Hepatitis C in Manitoba using an innovative agent-based model for use in evidence-based decision-making and policy development.
    - Developed an enhanced syphilis data collection process to better understand the provincial outbreak and inform decision-making regarding prevention, treatment, and education.
    - Conducted epidemiological analyses of non-communicable diseases to determine baseline and trends within the province in conjunction with the Public Health Agency of Canada.
    - Conducted applied epidemiological research projects in collaboration with different stakeholders to provide evidence for decision-making in response to stakeholder needs and requests (ex: working with the Winnipeg Regional Health Authority's Integrated Tuberculosis Committee to determine burden of Latent Tuberculosis Treatment).

14. Development of effective structures, processes and indicators to address and track methods to reduce inequalities and inequities of health within the department and across government departments.
    - Delivered two cross-departmental workshops to explore Health in All Policies as an approach to improve population health and wellbeing and reduce inequities.
    - Collaborated with other branches and departments to provide evidence for decision-making to explore the system used by high frequency users of the justice system.

15. Collaborative work on appropriate applied research projects.
    - Epidemiology and Surveillance collaborated with external stakeholders such at First Nations Health and Social Secretariat of Manitoba, the National Microbiology Laboratory, the University of Manitoba, the Public Health Agency of Canada, the Centre for Global Public Health, and the Bruyere Institute.

16. Collaborative work on multi-jurisdictional public health initiatives.
    - Evaluated infrastructure, education and training needs for response to Ebola virus disease in specific or other viral hemorrhagic fevers more generally in collaboration with the Public Health Agency of Canada.
    - Supported an intersectoral and multi-level public health approach to address the proposed federal changes related to legalization of cannabis.
    - Participated in the provincial Fentanyl Task Force.

4(b) Public Health

Expenditures by Sub-Appropriation	Actual 2015/16 $(000's)	FTE	Estimate 2015/16 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	12,952	121.15	13,170	(218)	
Other Expenditures	4,678		6,206	(1,528)	1
External Agencies	-		12	(12)	
Total Sub-Appropriation	**17,630**	**121.15**	**19,388**	**(1,758)**	

Explanation Number:

1. Primarily due to under-expenditures in the West Nile Virus Program.

Federal/Provincial Policy Support

The objectives were:

- To support and assist the Premier by providing briefing material on health-related items for Canada's Premiers and the Council of Western Premiers.
- To support and assist the Minister of Health, Minister of Healthy Living and Seniors, and the Deputy Minister of Health, Healthy Living and Seniors with all Federal/Provincial/Territorial (FPT), Provincial/Territorial (PT), Western Ministers meetings and federal/provincial files.
- To provide advice and support to the Deputy Minister of Health, Healthy Living and Seniors and the department on federal, inter-provincial, inter-jurisdictional and other issues.

The expected and actual results for 2015/16 included:

1. Provision of FPT and PT health policy, organizational and analytic support to the Premier, ministers, Deputy Minister, as well as the department.
    - Provided policy and analytical support in the organization of materials for the summer and winter meetings of the Council of the Federation (COF), for the annual Health Ministers Meetings (HMM) in winter 2016, and also for the Council of Deputy Ministers Meeting (CDM) held in spring and fall 2015. The branch supported the Council of Deputy Ministers teleconferences throughout 2015-2016 and participated in all meetings and teleconferences related to FPT and PT health work. In addition, the branch ensured department staff were supported when preparing materials or requiring information on all FPT and PT health issues.

2. The Minister of Health and the Minister of Healthy Living and Seniors are prepared for and supported at the HMM and Western Ministers' conferences.
    - Prepared for and supported the Minister of Health at the PT and FPT Health Ministers meetings.

3. The Deputy Minister is prepared for and supported at the CDM and Western Deputy Ministers Meetings.
    - Prepared and supported the Deputy Minister at both the CDM and Western Deputy Ministers Meetings in spring and fall 2015.

4. Better coordination of medical school planning and workforce needs by Spring 2015.
    - The Physician Resource Planning Task Force under Committee on Health Workforce (CHW) completed their supply side tool while working with the Deans of Faculties of Medicine that launched the Future MD Canada web tool for prospective medical students in February 2015.

5. Continued implementation of the Canadian Multiple Sclerosis Monitoring System (CMSMS) through 2015.
   - Analyzed and provided updates on the work of the CMSMS Advisory Committee and Multiple Sclerosis research in MB. This included the 2016 CMSMS analysis demonstrating the value of the national MS monitoring system. The 2015 Multiple Sclerosis Society of Canada and the Multiple Sclerosis Scientific Research Foundation provided $4.2 million, and Research Manitoba provided $1.5 million in support of the Mesenchymal Stem cell therapy for Canadian MS patients.

6. Continued support for the Informed Dining Program for participating restaurants in the province.
   - Participated in Informed Dining Program meetings.

7. Continued support for federal enhancements to the Nutrition North program.
   - Manitoba continues to maintain contact with other PTs on northern food issues and participates in ongoing discussions with federal and provincial officials on implementation issues as the program is reviewed over the next 2 years as part of Nutrition North Canada Engagement 2016.

4(c) Federal / Provincial Policy Support

Expenditures by Sub-Appropriation	Actual 2015/16 $(000's)	FTE	Estimate 2015/16 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	575	6.00	483	92	
Other Expenditures	32		40	(8)	
Total Sub-Appropriation	**607**	**6.00**	**523**	**84**	

Aboriginal and Northern Health Office

The Aboriginal and Northern Health Office (ANHO) promotes the consideration of the unique service needs of Aboriginal and northern populations and supports relationship building during the policy and planning stages of the provincial health system. ANHO has responsibility for First Nations, Métis, and Inuit (FNMI) Health; northern health; and provincial nursing stations (PNS).

The objectives were:

- Provide evidence based policy and planning advice across the department that advances goals and objectives that focus on Aboriginal and northern health programs and services.
- Lead strategic relationships and partnerships that support policies and strategies that are consistent with First Nations, Métis and Inuit health and departmental priorities.
- Coordinate and manage the services delivered at the Provincial Nursing Stations.

The expected and actual results for 2015/16 included:

1. Coordinated approach to First Nations-led, interdepartmental initiative on an Aboriginal health and wellness model.
   - The Intergovernmental Committee of Manitoba First Nations Health and Social Development (ICMFNHSD) revised its strategic plan and work plan to better align with priorities that were collectively agreed to by senior officials who represent First Nations, the federal government, as well as provincial government departments; the Assistant Deputy Minister of Public Health and Primary Health Care co-chaired the committee.
   - A Statement of Principles for trilateral discussions to develop a unified health system in Indigenous Health was developed collaboratively among First Nations representatives, federal and provincial officials.

2. Leveraging working relationships between federal government and provincial government to address specific cases that would align with Jordan's Principle mandate.
   - Senior officials from the Joint Committee for the Implementation of Jordan's Principle in Manitoba commissioned the Assembly of Manitoba Chiefs (AMC) to review and evaluate the case conferencing process utilized in Jordan's Principle cases.
   - Representatives from the department worked collaboratively with the federal government and AMC as *Focal Points* to identify service gaps for children with disabilities living both on and off

reserve. Five families were assisted in navigating services across the jurisdictions through the *Focal Points* process.

3. Effective structures, processes and indicators for Manitoba Métis knowledge networks.
   - A performance measurement framework was developed collaboratively between the branch and the Manitoba Métis Federation, Health and Wellness Department (MMF-HWD).
   - The Branch supported and collaborated with the MMF-HWD in conducting an evaluation of the Knowledge Networks within the regional health authorities.
   - The Knowledge Networks strengthened linkages between regional health authorities (RHAs) and Métis communications and identified ways the regional health authorities could build stronger relationships with Métis people to ultimately improve health outcomes in Métis populations.
   - A document was developed by the Branch and MMF-HWD to highlight the impacts on changes to the funding model for the Canadian Institute for Health Research (CIHR) and its impact on the Métis population and potentially other Indigenous groups.
   - The branch facilitated discussions between the MMF-HWD and the Chief Provincial Public Health Officer to develop a section on Indigenous Health for the *Report to Manitobans.*

4. Effective engagement with First Nations stakeholders that facilitates more departmental planning that aligns with First Nations priorities and departmental goals.
   - Tripartite discussions to examine the potential to develop a unified health system in Manitoba began in spring 2015 between Health Canada, AMC and Manitoba Health, Healthy Living and Seniors.
   - The branch collaborates with Nanadawewigamig (a First Nations led health policy development, planning, research and evaluation based organization) to ensure that the First Nations voice is reflected in departmental health policies and practices in areas of communicable disease control, immunization and monitoring systems, and maternal and child health programs.

5. Repository of information that increases the knowledge and cultural competencies for staff within the department.
   - An outline for an Indigenous Health Knowledge Bank (a Branch developed and maintained resource library of research, documents and information related to Indigenous issues available to the department and the provincial government as a whole) was developed.
   - Regular meetings, seminars and training workshops within the branch were organized to further develop knowledge and cultural competencies for staff.
   - The Branch participated in the follow-up, information collection and larger departmental response to the recommendations outlined in the Civil Service Commission led Diversity, Inclusion and Employment Equity Audit Report.

6. Delivery of integrated, effective primary care services in the three nursing station communities.
   - Continued to pursue the transfer of the operational and service delivery responsibility of the three provincial nursing stations to the Northern Regional Health Authority (NRHA).
   - Co-led a steering committee with the NRHA which discussed ways to enhance operational capacity, with a more seamless delivery of care for patients and their families.
   - Provided regular communication to the affected three First Nations and adjacent non-First Nation communities through monthly face-to-face meetings and the circulation of quarterly newsletters for community members and nursing station staff.
   - Made improvements to service provision, program, capital and operations at the Provincial Nursing Stations, which included:
     - Completion and occupancy of four nurse residences in Moose Lake as well as occupancy of a new Provincial Nursing Station in the community.
     - Implementation of e-chart in all stations.
     - Recruitment of nurses for nursing stations, including a nurse practitioner.

4(d) Aboriginal and Northern Health Office

Expenditures by Sub-Appropriation	Actual 2015/16 $(000's)	FTE	Estimate 2015/16 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	495	11.00	816	(321)	
Other Expenditures	170		590	(420)	
External Agencies	724		724	-	
Total Sub-Appropriation	**1,389**	**11.00**	**2,130**	**(741)**	

Primary Health Care

The objectives were:

- Led the department-wide implementation of the plan to provide all Manitobans access to a family doctor.
- Implement and evaluate policies and strategies to enhance the primary care system to better meet patient and population needs in Manitoba.
- Coordinate integrated planning across department, providers, regional health authorities (RHA), other government departments and/or organizations.
- Support policies and strategies to incorporate maternal and child health (including midwifery programs and services) into primary care planning

The expected and actual results for 2015/16 included:

1. Policies, initiatives, standards and tools for RHAs and family physician practices that support provincial direction on primary care.
    - Progress achieved to align provincial direction on primary care with department policies related to information and communications technology, capital builds, health human resources and information management and analytics.
    - The Primary Care Home Clinic, Enrolment and Episodic Information Sharing project was launched to develop a solution (governance, process and technology) to support enrolment of clients with a Home Clinic and enable sharing of relevant clinical information between Home Clinics and episodic providers.
    - Established the Primary Care Capacity Planning (PCCP) process with rural and northern regions, including Fee-for-Service (FFS) physicians that are part of integrated primary health care teams i.e. MyHealthTeams (MyHT), midwives and nurse practitioners to identify communities that have limited or no access to primary care. Analyzed root causes, and prioritized solutions to address vacancies, recruitment and retention.
    - Supported the development of consistent and comprehensive MyHT service plans with guidelines for service design and planning. The net change in patient attachment was measured as part of a service priority. Developed access and complex patient service planning tools and identified service coordination and outreach to hard-to-reach populations priorities.
    - Developed a draft Service Coordination Framework, informed by literature and best practices, in consultation with stakeholders, which identified patient standards, and expected provider activities to promote service coordination within MyHTs, primary care, and across sectors of health services.
    - Supported information sharing, education and outreach to the public, providers and other applicable stakeholders through a communication and engagement strategy.

2. Improved access to primary care services through implementation, operationalization and evaluation of additional QuickCare clinics, Mobile Clinics, Interprofessional Team Demonstration Initiative (ITDI), Access Centres, primary health care centres, enhanced Family Doctor Services and MyHTs across Manitoba.
    - Opened three QuickCare (QC) Clinic's in the WRHA in West Winnipeg, Seven Oaks and Southdale, bringing the total up to eight fully operational QC clinics. Over 180,000 patients received access to episodic primary care since the clinics opened. Survey results of the clinics show satisfaction from patients and staff of this nurse led model of care.
    - 25,788 Manitobans were matched through Family Doctor Finder with a primary care provider in the 2015/16 fiscal year. As of March 31, 2016, matched 95 per cent of all registrants without a primary care provider (48,081people) since the Family Doctor Finder program began in July 2013. Survey responses indicated 91.5% overall satisfaction with program registration experience.
    - One Mobile Clinic became operational in Interlake-Eastern RHA in early 2016, bringing the total up to three in the province. These fully functional primary care clinics, staffed by nurse practitioners and primary care nurses have improved access to primary care for rural Manitobans.

3. Refined and integrated primary care policies and initiatives within MyHT to support interprofessional team practice, quality improvement, service coordination and self management.
    - Two MyHTs approved for year 2 operations (Brandon Area and Steinbach Area), eight MyHTs initiated operations (six in Winnipeg, Morden/Winker Area, and Portage/Gladstone Area), and the

remaining five are in planning phase (two in Northern RHA, one in Interlake Eastern RHA, and one in northern Prairie Mountain Health).

- Began implementation of Phase 1 of the MyHT evaluation, and the results will inform ongoing implementation to refine and strengthen the model going forward.
- Allocated thirty (30) new health professional positions to work with RHAs and FFS physicians to support attachment to a provider.
- The Physician Integrated Network (PIN) is evolving into a new approach to support quality improvement within primary care. In addition, the findings from PIN have been integrated into MyHTs and other primary care initiatives.
- Ten (10) new TeleHealth sites were implemented to improve timely access to primary and specialty care services in rural areas. These new sites contributed to an increase of 13% in the number of online clinical consultations and were estimated to save patients over 12 million kilometers of travel and cost savings of $5 million.

4. Established reporting processes on progress of primary care initiatives.
   - Primary care initiatives such as Mobile Clinics, QC Clinics and Family Doctor Finder have identified indicators and data sources to support reporting and monitoring. Produced the first provincial report summarizing the findings of the 15/16 PCCP identifying supply and demand to identify hot spots and possible solutions.
   - To address a gap in patient level information about primary care, the first Primary Care Patient Survey was created to assess patient experiences with primary care.

5. Enhanced capacity for midwifery programs and services incorporating the use of newly established surveillance process for midwifery programs and services.
   - Established a working group to revise the existing electronic Manitoba Midwifery Discharge Summary Form to remove unnecessary data fields, reduce redundancies with other forms, and improve the data quality that is extracted into the provincial midwifery database.

6. Completed long term primary care strategic plan to guide planning, implementation and evaluation for the future.
   - Developed a five year primary care strategic plan with involvement and leadership from multiple branches, RHA staff, providers and their professional organizations, with a focus on three priorities for the next phase of primary care renewal: 1) Access, 2) Continuity, and 3) Comprehensiveness.

7. Developed multi-year implementation plan for a consumer health strategy.
   - Conducted general public focus groups to inform a strategic approach for consumer health to put tools and capabilities in place that can help Manitobans and their health care providers better manage their health, wellness and treatment.

4(e) Primary Health Care

Expenditures by Sub-Appropriation	Actual 2015/16 $(000's)	FTE	Estimate 2015/16 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	1,325	15.00	1,224	101	
Other Expenditures	2,751		3,765	(1,014)	1
External Agencies	204		204	-	
Total Sub-Appropriation	**4,280**	**15.00**	**5,193**	**(913)**	

1. Primarily due to miscellaneous operating under-expenditures.

Regional Policy and Programs

Administration

The objectives were:

- To provide strategic leadership to advance and support the objectives and priorities of the department focusing on:
  - Health Emergency Management
  - Provincial Cancer and Diagnostic Services
  - Continuing Care
  - Acute, Tertiary, and Specialty Care
  - Office of the Chief Provincial Psychiatrist
- To facilitate integrated health services delivery for Manitobans by liaising with program leadership in other divisions of the department and with other government departments, notably including:
  - Mental Health and Spiritual Health Care
  - Primary Health Care
- To provide support to the Minister of Health and the health authorities (regional health authorities, CancerCare Manitoba and Diagnostic Services of Manitoba), through ongoing policy direction and recommendations in planning, implementing, monitoring and evaluating health services for Manitobans.

The expected and actual results for 2015/16 included:

1. The department strategic objectives and priorities are advanced with respect to acute, tertiary, and specialty services, diagnostic and cancer care, continuing care, and emergency medical services and in an integrated manner that benefits Manitobans.
   - Worked with regional health authorities, CancerCare Manitoba and Diagnostic Services Manitoba to provide information to support decision-making on a range of strategic and issue-based matters, designed to improve service delivery.
   - Supported the leadership of Councils to coordinate provincial efforts in the areas of Provincial Quality and Patient Safety, Provincial Continuing Care, and Provincial Acute & Specialty Health Services.
   - Focused planning and implementation efforts on improving access to care and reducing waits for health services, supporting system enhancements in continuing care services including palliative care, and making improvements in the journey from suspicion to treatment for cancer patients.
   - Worked with regional health authorities, professional regulatory bodies, and other government departments to prepare for the introduction and delivery of medical assistance in dying in accordance with requirements set out by the Supreme Court of Canada and the provincial standards of practice as established by the College of Physicians and Surgeons of Manitoba.

2. Current and future health services are operated in compliance with legislative and regulatory requirements and supported by evidence-based policy.
   - Fulfilled requirements as established under *The Health Services Insurance Act* including monitoring of Personal Care Home Standards; under *The Regional Health Authorities Act, The Manitoba Evidence Act, The CancerCare Manitoba Act,* and *The Emergency Medical Response and Stretcher Transportation Act.*

3. Timely information is provided to the Minister of Health, internal clients and the health authorities to support evidence-based decision-making.
   - Tracked and reported on a variety of data, including wait time and wait list information, emergency medical service response times, and critical incident reports to assist the Minister of Health, regional health authorities, CancerCare Manitoba and Diagnostic Services Manitoba in their decision-making in matters related to the delivery of safe patient care and program planning, policy and standards.

4. Public expressions of concern related to service delivery issues are researched and responded to in a timely manner.
   - Timely investigations and responses were provided to enquiries by the public and/or media on behalf of the public.

- Responses to enquiries via *The Freedom of Information and Protection of Privacy Act (FIPPA)* were provided in a timely and responsive manner.

5(a) Administration

Expenditures by Sub-Appropriation	Actual 2015/16 $(000's)	FTE	Estimate 2015/16 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	364	4.00	310	54	
Other Expenditures	96		52	44	
External Agencies	881		881	-	
Total Sub-Appropriation	**1,341**	**4.00**	**1,243**	**98**	

Health Emergency Management

The objectives were:

Emergency Medical Services

- To facilitate the delivery of emergency medical services (EMS) by the land, air and stretcher service licence holders.
- To monitor adherence to the regulation of medical transport in Manitoba.
- To co-ordinate the operation of the Lifeflight Air Ambulance Program.
- To monitor the provision of rotary wing ambulance service.

Office of Disaster Management

- To ensure the health needs of Manitobans during and after disasters through prevention and mitigation, preparedness, response and recovery activities.

The expected and actual results for 2015/16 included:

Emergency Medical Services

1. Effective administration of *The Emergency Medical Response and Stretcher Transportation Act* and *Regulations* with respect to licensing providers of land ambulance, air ambulance, stretcher car services and licensing personnel.
   - As of March 31, 2016 there were 2763 licensed EMS personnel in Manitoba. The breakdown for the personnel license categories are: 2,055 land personnel, 240 aero-medical attendants, 243 pilots, and 225 stretcher attendants.
   - Processed 338 new personnel licenses.
   - Processes were in place in the EMS Branch to protect the public for situations when new applicants or license holders have criminal offences or criminal charges pending.
   - *The Land Emergency Medical Response System Regulations* were revised to more closely align with national standards related to personnel licensing.
   - The revised *Regulations* updated the responsibilities of the Provincial Medical Director. An interim Provincial Medical Director has been appointed.

2. Land, air and ambulance services will be in compliance with *The Emergency Medical Response and Stretcher Transportation Act* and Regulations.
   - Application for annual licensure occurred in October 2015, and the 2015 licenses were distributed January 1, 2016. The Branch undertook inspections, which included a physical inspection of their transportation platforms and garages/hangars, to ensure that the applicants met legislative and regulatory requirements.
   - 44 service providers received licenses, 10 were provisional (which includes land, stretcher, air and medical first response services).
   - Inspected 55 land ambulance vehicles, 15 stretcher service vehicles, and 10 aircraft in accordance with the regulations.

3. Competent EMS practitioners delivering safe patient care by adhering to EMS standards, treatment guidelines and treatment protocols, and engaging in continuing education.
   - Conducted summative practical evaluations in all EMS education agencies.

- Examined 125 candidates for licensure at the Technician-Emergency Medical Responder level. There were no appeals to the Manitoba Health Appeal Board regarding exam results for 2015/16.
- 119 Primary Care Paramedics (PCPs) and 15 Advanced Care Paramedics (ACPs) took the Canadian Organization of Paramedic Regulators (COPR) national exam. The EMS Branch holds a position on the COPR, who ensures barrier-free mobility and compliance with the Agreement on Internal Trade.

4. Safe medical transportation of Manitoba residents by fixed wing, rotary wing, land ambulance and land stretcher service.
   - Patient transports in Manitoba in 2015/16 included:
     - Fixed wing basic air ambulances: 6,077
     - Rotary wing air ambulance: 265
     - South Air Ambulance Program: 336
     - Life flight: 544
     - Rural Ground ambulances: 58,173 *
     - Winnipeg ground ambulances : 52,624**

     *Ground ambulance transport data included here is limited to that tracked by the medical transportation coordination center (MTCC). It is notable that some rural, non-devolved services are not yet dispatched by MTCC and their data is not captured here.

     **As reported by Winnipeg for 2015 calendar year.
   - Life flight air ambulance reports directly to EMS. Of the 544 transports, Life flight provided safe transport for 457 seriously ill or injured patients from rural and northern facilities to tertiary centers primarily in Winnipeg. Life flight also arranges for the air transportation of pre-approved Manitoba residents to facilities out of province when their care is unavailable in Manitoba. Life flight provided transport of 87 Manitoba residents who required medical care not available in Manitoba.

5. Robust and informative data collection processes and indicators for EMS service.
   - The department and RHAs received monthly and annual reports on performance indicators and statistics from the dispatch center.
   - The reports detailed call volumes, types of calls, patient transports for all call acuity types, chute times and response times for land and air services dispatched by MTCC.
   - Analysis of indicators by the department and regional health authorities contributed to ongoing system planning and daily operational management of the EMS system.
   - As recommended in the 2013 EMS review and to ensure public awareness and transparency, the department began publicly reporting performance and call volume data on the EMS Branch website in September of 2015.

6. Current and relevant EMS standards, treatment guidelines and policy.
   - EMS Protocols and Procedures (formerly Emergency Treatment Guidelines) which are made up of evidence based best practice patient care maps, medications and procedures, are the foundation of EMS practice in Manitoba. To date, 162 patient care maps and associated documents have been developed and distributed to EMS services throughout Manitoba. These documents will be fully integrated into EMS care by January 2017.

7. Effective administration of the Northern Patient Transfer Program (NPTP) that enables RHAs to ensure access to medical services for residents in northern Manitoba.
   - NPTP subsidizes medical transportation costs for eligible Manitoba residents (north of the 53rd parallel west of Lake Winnipeg and north of the 51st east of Lake Winnipeg) to obtain medical or hospital care not available in their home community.
   - There were a total of 19,348 patient transports (trip volumes) with the highest volume originating from Thompson, Flin Flon and The Pas.

8. Manitobans receive timely response to enquiries related to EMS. Some examples would be enquiries about response times, rough ambulance rides, patient treatment, billing, licensing processes, eligibility for the Northern Patient Transportation Program, as well as concerns about interactions with paramedics.
   - EMS receives public inquiries in person, by phone, e-mail and via a website. The EMS Branch staff currently responds to these inquiries within one to five working days.

Office of Disaster Management

1. A disaster management program for the department that meets the requirements of due diligence and internationally recognized best practice (currently Canadian Standards Association Z1600 Standard on Disaster/Emergency Management and Business Continuity Programs).
   - Assisted the regional health authorities and health service providers with 524 emergency responses. These responses were further managed through the use of the above standard that sets out the protocols of what to do before, during and after emergency and disaster events. Examples of these emergencies included power outages, severe weather events, wild land smoke events causing community evacuations, and communication outages of the 911 and emergency response services.
   - Further utilized this standard as the foundation to create and facilitate a full scale exercise for surge capacity of Manitoba's Health system. The exercise simulated an air crash that utilized 62 Emergency Response Stakeholders, 300 Participants, (120 of which were students from three designations physicians, nurses and paramedics) as well as testing the largest psychosocial response to an air event in Canadian history.

2. A fully integrated health incident management system for the department and the RHAs that meets the requirements of due diligence and internationally recognized best practice (currently National Fire Protection Association 1561 Standard on Incident Management Systems).
   - All five regional health authorities have adopted Incident Management Systems for managing small or large scale emergencies and are in the process of further refining roles through their amalgamations. In addition, the following additional health service providers are also in the process of adopting this standard: CancerCare Manitoba, Cadham Provincial Laboratory, Diagnostic Services of Manitoba, Emergency Medical Services Branch, Lifeflight Air Ambulance, MTCC, Provincial Nursing Stations, Public Health Branch and Selkirk Mental Health Centre.

3. A coordinated and effective preparedness and response structure within the department and the RHAs.
   - Guided the 2015-2016 Refugee Coordination Committee structure implemented by the department.
   - Worked extensively with the Public Health Branch, Medical Officers of Health, Mental Health and Spiritual Health Care Branch, Emergency Medical Services, and Acute, Tertiary and Specialty Care Branch to create a common response plan for the Refugees that arrived in Manitoba.

5(b) Health Emergency Management

Expenditures by Sub-Appropriation	Actual 2015/16 $(000's)	FTE	Estimate 2015/16 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	2,201	24.00	1,924	277	
Other Expenditures	7,005		5,970	1,035	1
External Agencies	16		23	(7)	
Total Sub-Appropriation	**9,222**	**24.00**	**7,917**	**1,305**	

Explanation Number:

1. Primarily due to the Lifeflight program.

Provincial Cancer and Diagnostic Services

The objectives were:

- To support the Minister of Health, regional health authorities and provincial health agencies (ex: CancerCare Manitoba, Diagnostic Services Manitoba, and Canadian Blood Services) in planning and delivering province-wide, integrated, high quality, safe, efficient, effective and evidence-informed cancer, diagnostic imaging, laboratory, renal, transplant and transfusion services to patients.
- To support the department to lead cancer, diagnostic imaging, laboratory, renal, transplant and transfusion service quality improvements and innovations.
- To inform Manitobans about access, capacity and appropriate use of existing and future cancer, diagnostic imaging, laboratory, renal, transplant and transfusion services.

The expected and actual results for 2015/16 included:

1. Provincial strategies, policies, guidelines and legislation enable standardized province-wide service delivery.
   - Collaborated with the Legislative Unit and provincial stakeholders to develop Radiation Protection legislation which updated the requirements for the installation and operation of x-ray equipment in Manitoba, to better protect patients and health care providers.
   - Participated in the accreditation process for Island Lake Local Renal Health Centre
   - Collaborated with the Legislative Unit and provincial regulatory and laboratory stakeholders to support the enablement of the Regulated Health Professions Act.
   - Collaborated with stakeholders to ensure sustainability in accreditation for diagnostic and transfusion medicine services.

2. Current programs are executed in accordance with established plans, expectations and authorities.
   - Supported provincial stakeholders, including Diagnostic Services Manitoba (DSM) and CancerCare Manitoba (CCMB) in advancing strategic direction related to provincial cancer and diagnostic service provision.
   - Collaborated with the Manitoba Renal Program to ensure ongoing sustainability of renal programs in rural and northern communities and monitored impact on urban services.

3. Regional health authorities, provincial health agencies and stakeholders are informed of provincial priorities, emerging health issues, service gaps and the quality of care.
   - Supported provincial stakeholders, including DSM and WRHA to advance efforts supporting access to diagnostic services, including initiatives to enhance magnetic resonance imaging services.
   - Identified and anticipated emerging diagnostic health and service issues and worked with system partners in order to ensure continued safe, quality care.
   - Supported CCMB in the continued development of cancer prevention concepts including smoking cessation, genetic testing, and radiation exposure.
   - Supported the Manitoba Renal Program and regional health authorities to advance renal dialysis capacity throughout the Province.

4. Enhanced quality, transparency and sustainability of healthcare services.
   - Chaired the national multi-stakeholder working group on medical isotopes to ensure contingency planning mitigates the impact of potential medical isotopes shortages during the period 2016-18.
   - Worked with Canadian Agency for Drugs and Technology in Health (CADTH) to provide a national scan to present an overview of current processes used in decision making concerning the replacement, upgrade and funding of diagnostic imaging equipment in Canada.
   - Worked with the Manitoba Centre for Health Policy to increase awareness of projected trends in renal and chronic disease based on the 2015 report "Care of Manitobans Living with Chronic Disease."
   - Developed website materials to promote the Home Hemodialysis Utility Reimbursement Program on the department's and the Manitoba Kidney Foundation's websites.

5. New and expanded programs are implemented in accordance with government priorities.
   - Supported the Winnipeg Regional Health Authority to increase Magnetic Resonance Imaging (MRI) capacity within Winnipeg, including funding for additional pediatric MRI exams, and planned for new capacity at Grace Hospital in 2016/17.
   - Worked with system partners to develop the Home Hemodialysis Utility Reimbursement Program and assisted the Kidney Foundation of Manitoba to implement the program.
   - Provided programmatic support for funding additional ultrasound technologists in rural Manitoba
   - Supported the implementation of investments in cancer prevention, screening and care in accordance with Manitoba's cancer strategy.
   - Supported Diagnostic Services Manitoba to implement initiatives to enhance patient care through improved sample quality, expanded in–province testing and faster turnaround times.
   - Continued collaboration with the Winnipeg Regional Health Authority and CancerCare Manitoba on the implementation of the first-in Canada, cancer wait time strategy entitled "Transforming the Cancer Patient Journey in Manitoba." This initiative aims to reduce the cancer patient journey from suspicion to treatment to two months or less. Activities include:
     - Participated in, and provided secretariat support for the Manitoba Cancer Partnership Steering Committee.
     - Facilitated the work of the Rapid Improvement Leads with stakeholders to identify process efficiencies and improvements.

  - Worked with CCMB in identifying next steps in the completion of the outstanding projects in the original project mandate.
- Participated in the Provincial Digital Mammography Oversight Committee which has led to the successful advancement of the conversion of existing Film Screen Mammography equipment to digital equipment
- Collaborate with CCMB and DSM in the continued implementation and expansion of molecular testing in Manitoba for cancer treatment.
- Collaborated with lab partners and CervixCheck to articulate the parameters required for the implementation of Human Papilloma Virus (HPV) reflex (triage) testing.
- Participated in the continued review and planning for construction of a new CancerCare Building.

6. Manitobans receive timely response to enquiries.
   - Responded to public enquiries related to care in a timely manner.

7. Manitobans have timely access to appropriate, quality healthcare services.
   - Facilitated the work of the Provincial Imaging Advisory Council, whereby replacement of specialized equipment for Nuclear Medicine, Radiology, CT/MRI and Ultrasound across the province is prioritized for the fiscal year.
   - Participated in the Manitoba Bone Density Program Management Committee.
   - Participated in the Manitoba Laboratory Information System Implementation Steering Committee to provide integrated laboratory results.
   - Participated in the Manitoba Digital Pathology Project Steering Committee
   - Participated in the establishment and continued work of the formal cancer drug approval and accountability process for IV and oral chemotherapy.
   - Collaborated with the Canadian Cancer Society to provide accountability for grant funding for their transportation program to ensure patients receive transportation for cancer treatment and appointments no matter where you live in the province. The transportation service provides about 30,000 rides annually in more than 50 communities throughout Manitoba.
   - Participated in the expansion of the original Manitoba Breast & Women's Cancer Network to expand their services to include all cancers resulting in expansion of the volunteer participation and community engagement.
   - Collaborated with the CCMB Screening Programs in the review and adoption of the Canadian Task Force Guidelines for Colorectal and Lung Cancer Screening.

8. Manitoba's interests are identified at information sharing and decision-making tables.
   - Participated on the Canadian Partnership Against Cancer Breast, Colorectal, Cervical and Lung Cancer Screening Networks.
   - Participated in a Provincial Underserved Populations Advisory Group to assist in building better partnerships for improved access and a model of collaborative cancer control.
   - Participated in a Canadian Partnership Against Cancer (CPAC) Screening for the Underserved Population Working Group (SUPER) focusing on low income populations and the impact on this population on screening compliance.
   - Participated on the Manitoba Cancer Network a network of volunteers (cancer survivors) that act as peer supports for patients throughout the province. The network provides training, recruitment and interviewing of volunteers.
   - Participated in a Canadian Partnership Against Cancer Working Group on Informed Decision Making for High Risk Women for breast cancer screening "The Quality Determinants of Breast Cancer Screening with Mammography in Canada". The abstract titled, "Enabling Informed Decisions for Women Considering Breast Cancer Screening: A Guidance Document for Screening Programs" submitted to the UICC 2016 World Cancer Congress was accepted.
   - Participated in a Canadian Partnership Against Cancer Working Group to prepare a guidance document for HPV screening with Pan-Canadian Cervical Screening Network partners.
   - Participated in a CPAC Laboratory Expert Workshop to inform the HPV Screening Guidance Document to establish next steps in the implementation of HPV screening from a laboratory perspective.
   - Participated in a CPAC funded Transition and Goals of Care initiative to work towards improving health care provider knowledge, advance care planning and the transition experience of patients and families with metastatic cancer.
   - Guidelines developed in Manitoba to support the involvement of patients in the planning and developing of cancer services were shared worldwide as part of a webinar series supported by the World Health Organization.
   - Chaired Inter-provincial Ministry of Health Diagnostic Services Network to ensure continued support for inter-provincial collaboration on planning and knowledge sharing.

- Chaired Community Laboratory Policy Advisory Committee to ensure advisory engagement with laboratory stakeholders.

5(c) Provincial Cancer and Diagnostic Services

Expenditures by Sub-Appropriation	Actual 2015/16 $(000's)	FTE	Estimate 2015/16 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	912	10.00	853	59	
Other Expenditures	144		160	(16)	
External Agencies	125		125	-	
Total Sub-Appropriation	**1,181**	**10.00**	**1,138**	**43**	

Continuing Care

The objectives were:

- To support the Minister of Health and the health authorities in planning and delivering, monitoring and evaluating safe, high quality, efficient, effective and evidence informed continuing care health services.
- To inform Manitobans about demand, capacity, access and waits for continuing care health services.

The expected and actual results for 2015/16 included:

1. Personal care homes operate in compliance with the Personal Care Home Standards Regulations as set out under *The Health Services Insurance Act*.
   - Provided leadership and ongoing monitoring of Manitoba's 125 licensed personal care homes (PCH) regarding compliance with PCH Standards, which included completion of on-site standards reviews, follow-up and verification of site action plans to address deficiencies and follow-up PCH-related complaints, with the goal that all 26 PCH standards are met over time.
   - Conducted standards reviews to assess compliance with established provincial standards in eighty-nine (89) PCHs in the following regional health authorities (RHAs): Prairie Mountain Health, Northern, Winnipeg, and Southern Health-Santé Sud.
   - In addition, conducted thirteen (13) unannounced reviews in PCHs across the province in the following RHAs: Interlake-Eastern, Northern, Winnipeg, and Southern Health-Santé Sud.

2. Eligible personal care homes are licensed.
   - Provided leadership in the annual licensing of the 125 PCHs across the province. There are a total of 9,698 licensed PCH beds in the 125 licensed facilities.

3. New and expanded programs in continuing care are implemented in accordance with government priorities.
   - Staff provided leadership and support of priority initiatives within the Continuing Care programs/continuums of care. Priority actions in continuing care will ensure that appropriate local support services match the needs of individuals and families along the continuum, including high quality, dignified end-of-life care.
   - Provided leadership and support in the development of a plan to initiate stabilization of the Support Services to Seniors programs through provision of a price increase to these regional health authority grant funded agencies.
   - Supported the ongoing implementation of three operating Hospital Home Teams (HHT) in the Winnipeg Regional Health Authority (WRHA) and the planning of a rural HHT in Interlake-Eastern Regional Health Authority (IERHA). The HHTs provide intensive, short term community supports with the goals of client re-ablement and stability in the community setting.
   - Provided leadership in the area of Community Housing with Services. In particular, the expansion of supportive housing units in the province. Collaborated on the Manitoba Centre for Health Policy's deliverable related to the affordability of supportive housing. Work continues on the Community Housing with Services Review which will lead to the development of a new framework to identify the best models to allow older adults in the province to remain safely in their communities for as long as possible. Continued problem solving around the sustainability of Elderly Persons Housing operated by rural RHAs.

- Provincial and regional stakeholders continued to work to identify and implement program and service enhancements that support Aging in Place.
- Provided leadership and support to the regions for the New and Innovative Rehabilitation Project initiative for the development of targeted rehabilitation initiatives with the goal of deferring premature placement in PCH.
- Provided leadership and support in the development of a provincial Safe Resident Handling Charter for the long term care sector. Goals of the charter include (but are not limited to) standardization of safe patient handling training across the province that is compliant with Workplace Safety and Health legislation, best practice, and improved safety for staff and residents of personal care homes. The Charter is a multi-phase plan (anticipated completion in Fall of 2016) with subsequent annual reviews.
- Provided support to initiatives as outlined in Manitoba's Framework for Alzheimer's Disease and Other Dementias through a collaborative process with the Development and Implementation Advisory Committee. The Framework outlines recommendations in five key areas that follow the 'responses to dementia' that people would experience in their dementia journey including: raising awareness and understanding; early recognition, initial assessment and diagnosis; management, care and support; end-of-life care; and, research and evaluation.
- Supported completion of a Dignity Study within Manitoba's PCHs conducted by the Manitoba Centre for Health Policy and the University of Manitoba, School of Nursing. Maintained an advisory role to support the work of the researchers. The study was aimed at improving resident care with a focus on resident driven care while maintaining safety, dignity, and compassion. Submission of the final report is anticipated early in fiscal year 2016/17.
- Provided leadership and support in the implementation of Medical Assistance in Dying in Manitoba based on the Supreme Court of Canada's decision.
- Collaborated on the planning to increase the PCH supply in Manitoba from the provincial perspective, as well as specific PCH capital projects including Morden-Tabor PCH, Lac Du Bonnet PCH, Holy Family PCH redevelopment, and three new PCHs in Winnipeg.
- Work continued toward licensing six (6) First Nations (FN) PCHs, on an interim basis, as announced in 2008. The communities involved in this initiative include:
  - Opaskwayak (Rod McGillivary Memorial Care Home in Northern region)
  - Sioux Valley (Dakota Oyate Lodge in Prairie Mountain Health region)
  - Sagkeeng (George M. Guimond Care Centre in Interlake-Eastern region)
  - Oxford House (George Colon Memorial Home in Northern region)
  - Fisher River (Ochekwi Sipi Personal Care Home in Interlake-Eastern region)
  - Peguis (Peguis Senior Centre in Interlake-Eastern region)
- In collaboration with the three regional health authorities impacted by the FN PCH initiative (noted above), continued to provide education and support regarding the provincial PCH standards.
- Based on the input of key provincial stakeholders, developed a plan to enhance access to clinical educational resources and professional supports to facilitate the provision of culturally appropriate palliative care services in rural/remote Manitoba (including Aboriginal communities), designed to raise awareness, knowledge, and enhance the skill sets in existing health care providers to deliver dignified palliative and end-of-life care services across Manitoba.
- In collaboration with CancerCare Manitoba and provincial palliative care experts, provided support into the development of a standardized approach to Advanced Care Planning and Goals of Care at end-of-life that is patient/client-centered.

4. Relevant policies are reviewed and updated.
   - Staff collaborated with stakeholders on the ongoing review of policies related to continuing care.

5. Manitobans receive timely response to enquiries.
   - Timely investigations and responses were provided to verbal and written inquiries from the public, as well as media issues/expressions of concern related to health care delivery within Manitoba.
   - Responses included the timely provision of appropriate and relevant information to individuals, within the boundaries of *The Personal Health Information Act* (PHIA) and *The Freedom of Information and Protection of Privacy Act* (FIPPA), on individual and systemic health care enquiries, including referrals for services and appeal process information.
   - Provided leadership and support in the response to the Office of the Auditor General of Manitoba's Value-for-Money audit of Home Care, in collaboration with the regional health

authorities. The audit was released in July 2015 and identified 28 recommendations in Home Care.

- Contributed to investigations led by the Ombudsman's Office on an as needed basis and identified policy or program enhancements based on findings.

5(d) Continuing Care

Expenditures by Sub-Appropriation	Actual 2015/16 $(000's)	FTE	Estimate 2015/16 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	1,042	13.10	1,057	(15)	
Other Expenditures	405		140	265	
Total Sub-Appropriation	**1,447**	**13.10**	**1,197**	**250**	

Acute, Tertiary and Specialty Care

The objectives were:

- To support the Minister of Health and lead the regional health authorities in undertaking evidenced-informed planning and strategic direction-setting to ensure the delivering of safe, high quality, efficient, effective, evidence-informed health services.
- To monitor and evaluate the acute care system's performance as it pertains to quality, safety, cost and service efficiency and effectiveness.
- To inform Manitobans and the department about the quality, safety and utilization of, access to, and capacity of health services.
- To lead acute care quality improvement and innovation.

The expected and actual results for 2015/16 included:

1. Health authorities are in compliance with the critical incident reporting requirements of *The Regional Health Authorities Act* and *The Manitoba Evidence Act*.
   - Health authorities have demonstrated compliance with the critical incident reporting requirements.
   - One hundred and eighty one critical incidents were reported to the department during fiscal year 2015/2016.
   - Reporting on the progress of implementation of recommendations resulting from critical incident reviews has been strengthened through revised provincial policy and monitoring.

2. A public report on patient safety in Manitoba is released every two years.
   - The provincial Quality and Patient Safety Council developed the Manitoba Patient Safety Framework, outlining priorities for action in patient safety by health service delivery stakeholders.

3. Health system partners and stakeholders are informed of emerging health issues, service gaps and the quality and safety of care.
   - Participated in and/or led a variety of provincial working groups and councils, including but not limited to:
     - The Provincial Quality and Patient Safety Council, whose mandate is to determine and prioritize actions and plans to advance quality and patient safety within Manitoba.
     - The Provincial Acute & Specialty Health Care Services Council, whose mandate is to provide leadership for acute & specialty health service integration, provincial policy, service improvement and service standardization.
     - The In Sixty Cancer Patient Journey initiative and various working groups within the initiative to improve the timeliness and experience of cancer care services delivered to Manitobans.
     - The Brian Sinclair Inquest Recommendation Working Group to develop and implement a provincial plan to address recommendations for improving the quality and safety of emergency department services throughout Manitoba per the recommendations outlined in the Brian Sinclair Inquest report.
     - The Community Health Assessment Network (CHAN) to support a coordinated approach for the RHAs and CancerCare Manitoba (CCMB) in fulfilling the legislated requirement to develop a Community Health Assessment in a five year cycle. The CHAN also participates in collaborative research in the Need to Know Team project at the Manitoba Centre for

Health Policy, and to monitoring access to Youth Health Survey (YHS) data through the YHS Data Access Review Panel.
    - The Unified Referral and Intake System Interdepartmental Committee, whose mandate is to support children needing assistance with health care procedures when in community programs and apart from families and caregivers.
    - The Provincial Patient and Public Engagement Network whose mandate is to promote and coordinate patient and public engagement across Manitoba.
    - The Provincial Medical Device Reprocessing (MDR) working group, whose mandate is to develop and guide regional implementation of MDR services in alignment with national standards, including a review of infrastructure in MDR facilities and diagnostic imaging probe reprocessing requirements.
    - The Provincial Specialized Equipment Committee, whose mandate is to review and approve health service delivery specialized equipment requests and requirements, determine equitable provincial allocation of resources, enhance specialized equipment standardization provincially, and ensure cost efficiency and effectiveness in equipment procurement.
- Undertook monitoring, analysis and advisory activities for all areas of acute and specialty health care services, patient and public engagement, provincial Lean Six Sigma implementation, accreditation, community health assessments, and patient safety, including but not limited to:
    - Quarterly public postings of critical incidents
    - Regional health authority service delivery performance indicators, including medical, surgical and emergency department wait times and capacity, attainment of service volumes, service interruptions in acute care, emergency department, and therapy services.
    - Regional health authority execution of acute and specialty health care programs and health plans.

4. New and expanded programs are implemented in accordance with government priorities.
    - Collaborated with the WRHA and Department of Family Services to plan and implement a process for reimbursement for specialty foods for adults living with Phenylketonuria (PKU) in Manitoba.
    - Supported development of functional programming and operational requirements for a variety of capital redevelopment projects including the new Women's Hospital, the new Selkirk Regional Health Centre, Flin Flon General Hospital emergency department, the Dauphin emergency department, the Brandon medical bed expansion, the Cardiac Sciences inpatient care expansion and medical device reprocessing province wide.
    - Undertook planning and implementation of *The Universal Newborn Hearing Screening Act* which comes into effect on September 1, 2016.
    - Collaborated with internal stakeholders to address the health care needs of the transgender population, including expanding the list of insured gender confirmation surgeries, and initiating a proposal to establish criteria for approving transgender health care providers.

5. Manitobans receive timely response to enquiries.
    - Provided timely investigations and responses to public enquiries, media enquiries and enquiries made through *The Freedom of Information and Protection of Privacy Act (FIPPA)*.

6. Current programs are executed in accordance with established policies, plans and authorities.
    - Undertook monitoring, analysis and advisory activities for all areas of acute and specialty health care services, patient and public engagement, provincial Lean Six Sigma implementation, accreditation, community health assessments, and patient safety programs to ensure execution in accordance with established policies, plans and authorities.
    - Participated in RHA board, and executive and program leadership meetings to develop and sustain effective and collaborative working relationships and ensure regional alignment with provincial policies, priorities and objectives.

7. The community health assessment process is provincially coordinated and consistent.
    - Provided leadership to the fourth cycle of the Community Health Assessment Network (CHAN) to ensure provincial coordination and consistency in indicator selection and reporting.
    - Developed and implemented an equity lens approach to fourth cycle CHA reports.
    - Monitored CHA process and outcomes for consistency, timeliness and adherence to provincial standards.

8. Provincial policy and direction enables consistent service delivery and standards province wide.
   - Revised provincial *Reporting on Community Health Assessment* policy to ensure standards are current and support consistent adherence across RHAs.
   - Provided direction to regions under provincial policies to support consistent adherence to national standards for medical device reprocessing.
   - Initiated provincial policy work on Manitoba patient and public engagement practices.
   - Updated provincial critical occurrence and expectation to service policies and provided RHAs with clear direction on expectations for reporting.
   - Strengthened provincial critical incident policies.
   - Developed provincial policy for emergency department care in response to Brian Sinclair Inquest recommendations.
   - Established a provincial Yellow Belt (Lean Six Sigma) training program.
   - Provided leadership to the Baby Friendly Breastfeeding Committee to achieve targets and goals set by the Manitoba Breastfeeding Strategy and to support hospital and community facilities to improve breastfeeding initiation and duration.
   - Developed guidelines and standards for new and revised legislation including but not limited to *The Universal Newborn Hearing Act* and amendments to the RHA act concerning patient and public engagement.

9. Regional health authorities are in compliance with *The Regional Health Authorities Act* and the associated regulations and guidelines.
   - All RHAs and agencies are operating according to the accreditation legislation and guidelines.
   - All health authorities' community health assessment reports are in accordance with *The Regional Health Authorities Act* and associated regulations.
   - All RHAs have Local Health Involvement Groups (LHIGs) in place.

10. Data is available for program and policy planning.
    - Supported RHAs in establishing and continuing appropriate data collection and reporting methods for wait times for various surgical and medical services.
    - Provided monthly (and *ad hoc*) wait time and wait list information for 22 adult and 16 pediatric surgical and medical specialties, totaling over 400 pages of reports, to program leads and RHA management.

11. Acute care wait time data is accessible.
    - Provided monthly wait time information surgical and cancer procedures to the public via the provincial wait times web site.
    - Provided input and feedback on data collection methodologies and systems for various acute care service areas.

12. Increased standardization and integration of acute care sector activities across regional health authorities.
    - Revised the specialized equipment approval process to enable standardized and best practice review and analysis by the department for equitable allocation of resources and enhanced accountability for the RHAs across Manitoba.
    - Provided leadership to Provincial Medical Device Reprocessing (MDR) working group to ensure provincial integration and adherence to consistent standards.
    - Initiated assessment of existing rehabilitation therapy services across the province to determine alignment with required service levels.
    - Engaged in various provincial working groups and councils to establish provincially consistent policies, enhance health care service standardization, and improve continuity of care across health service delivery organizations.

5(e) Acute, Tertiary and Specialty Care

Expenditures by Sub-Appropriation	Actual 2015/16 $(000's)	FTE	Estimate 2015/16 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	2,001	31.50	2,319	(318)	
Other Expenditures	620		649	(29)	
External Agencies	822		824	(2)	
Total Sub-Appropriation	**3,443**	**31.50**	**3,792**	**(349)**	

Chief Provincial Psychiatrist

The Office of the Chief Provincial Psychiatrist is responsible for carrying out required statutory and non-statutory functions, in order to protect the health and well-being, and to promote the improved mental health status of Manitobans.

The objectives were:

- To carry out required statutory and non-statutory functions by administering *The Mental Health Act* and the Orders of Committeeship program, providing professional consultation to the health care system, and promoting the recruitment and retention of psychiatrists in the province, in order to promote the health and well-being and to optimize the mental health status of Manitobans.

The expected and actual results for 2015/16 included:

1. Preservation of patients' rights under *The Mental Health Act*.
   - Continued to promote effective operation of *The Mental Health Act* and Regulations.
   - Responded to numerous inquiries regarding interpretation and practical application of *The Mental Health Act*.
   - Consulted as required with the MHHLS Legislative Unit and Manitoba Justice Legal Services to assist in the proper interpretation and application of *The Mental Health Act* and Regulations.

2. Interpretation and application of *The Mental Health Act*.
   - Offered and provided educational sessions for psychiatric facilities, professionals, consumers, families and appropriate agencies regarding The Mental Health Act.
   - Consistently implemented the MHHLS policy entitled "Order of Committeeship Issued by the Director of Psychiatric Services," setting out the policies and procedures followed by the Office of the Chief Provincial Psychiatrist in managing the Orders of Committeeship Program.

3. Issuance of new Orders of Committeeship and Authorizations of Transfer, and cancellation of previous Orders of Committeeship.
   - Processed 291 Certificates of Incapacity applying for Orders of Committeeship and issued 272 new Orders of Committeeship appointing The Public Guardian and Trustee of Manitoba as committee of the person's property and personal care.
   - Cancelled 16 previous Orders of Committeeship.
   - Issued 56 Authorizations of Transfer approving the transfer of patients between psychiatric facilities within and outside of Manitoba.
   - Pursuant to the Order of Committeeship policy, provided an interview with the Director of Psychiatric Services to persons who submitted a written objection to the Notice of Intent to issue an Order of Committeeship, prior to the appointment of The Public Guardian and Trustee of Manitoba as committee.
   - Maintained required working liaison with the Office of The Public Guardian and Trustee of Manitoba in order to facilitate proper administration of the Orders of Committeeship Program.

4. Enhanced recruitment and retention of psychiatrists for under-serviced areas of Manitoba.
   - Four specialists in psychiatry, who successfully completed their periods of enrollment in the Career Program in Psychiatry, continued to fulfill their return of service commitments in areas of need in Manitoba.
   - Three University of Manitoba residents in the specialty of psychiatry participated in the Career Program in Psychiatry, accruing return of service commitments in areas of need in Manitoba.
   - Provided consultation and advice to relevant agencies regarding the recruitment and retention of psychiatrists in Manitoba.

5. Consultative liaison with RHAs and other sectors of the health care system.
   - Maintained relevant linkages and appropriate consultation with the regional health authorities regarding various aspects of the mental health system.
   - Provided professional consultation, liaison and advice regarding mental health practice, programming and policy, and the statutory implications of *The Mental Health Act*, to clients, stakeholders and various sectors of the health system.

6. Tracking of the Orders of Committeeship program and the regulated Forms under *The Mental Health Act*.
   - Continued data entry for the computer databases for *The Mental Health Act* and the Orders of Committeeship Program.
   - Additional computer databases were operational for selected data analysis during the year.

5(f) Chief Provincial Psychiatrist

Expenditures by Sub-Appropriation	Actual 2015/16 $(000's)	FTE	Estimate 2015/16 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	453	2.40	449	4	
Other Expenditures	54		53	1	
Total Sub-Appropriation	**507**	**2.40**	**502**	**5**	

Healthy Living and Seniors

Healthy Living and Healthy Populations

The objectives were:

- Advance and support strategic partnerships and evidence-based policies and programs that assist all Manitobans to lead the healthiest lives possible, reduce health inequities and thereby contribute to the sustainability of the health care system.

The expected and actual results for 2015/16 included:

1. Engagement of key stakeholders in the promotion of healthy weights.
   - Engaged with key stakeholders regarding mental health and food and nutrition. As a result, a weight neutral approach to mitigate negative health consequences such as eating disorders and disordered eating will be undertaken.

2. Increase in number of employers that sign on to the Wellness Works campaign.
   - Additional avenues of promotion were explored for a partnership with the Manitoba Chambers of Commerce, to highlight the benefits to employers of supporting healthy staff and to attract new organizations to participate.
   - New members have been added to the roster of participating employers for a total of over 60.

3. Engagement and collaboration with provincial, regional and local partners to increase physical activity opportunities in schools, workplaces and communities; including promotion of trails and active transportation.
   - Partnered with key internal and external partners in the health, education, sport, recreation, fitness, early childhood and private sectors to increase opportunities by providing over 20,000 educational and promotional resources including over 50 walking club kits; offering quality leadership training focusing on rural and northern Manitoba, older adult peer leaders, after school providers and physical education teachers; collaborating with partners to offer programming and equipment for children and youth; and promoting and supporting safe and active transportation.
   - Supported Trails Manitoba in the building of the Trans Canada Trail (TCT). Built approximately 30 km of recreational trail in the Borders to Beaches section of the TCT.

4. Development of sustainable food supply initiatives with partners in northern communities, nutrition labeling in national chain restaurants, reduced sodium content in health care facilities menus and schools and day cares supported with resources to support healthy eating.
   - Launched AFFIRM (Affordable Food in Remote Manitoba), a retail subsidy program that reduces the cost of milk, fresh fruit and vegetables in ten remote Northern Manitoba communities without year-round road access. On average, AFFIRM has reduced the price of milk in the AFFIRM communities by 53%.
   - In partnership with Manitoba Early Learning and Child Care and Dietitians of Canada, launched the Nutrition for Early Learning and Child Care program. This included development and distribution of a nutrition handbook to all licensed child care providers in Manitoba; 11 nutritional resources developed to support child care providers; a website developed to host these resources, a toll-free line established (66 calls received between October and April from child care sites); 12 workshops provided to support child care providers, and 12 site visits to child care providers were undertaken.
   - The Healthy Food in Schools initiative provided practical support for schools to foster healthy eating environments, including the development of 6 new informational resources to support schools in creating healthy eating environments, 49 school site visits, several educational workshops for school divisions were offered, and a canteen and cafeteria network was developed to support nutritional learning between school cafeteria and canteen conveners.
   - Nine national restaurant chains have rolled out Informed Dining in Manitoba. Participating restaurants completed a menu analysis and provided nutrition information including calories, sodium, and 13 core nutrients to inform customers at the point of purchase.
   - Developed a framework for addressing sodium reduction in health care facility menus.
   - Supported over 230 school breakfast, snack and lunch programs, in partnership with the Child Nutrition Council of Manitoba, reaching approximately 21,000 students.
   - Schools and child care centres participated in the Farm to School Manitoba Healthy Choices Fundraiser that combines promoting consumption of healthy Manitoba vegetables, healthy eating awareness/education, with raising funds for school and day care programs. Peak of the Market and the Manitoba Association of Home Economists were key partners in this program.

5. Initiatives to mitigate unintentional injuries are reflected through the implementation of the injury prevention plan and delivered across Manitoba in collaboration with key stakeholders.
   - Included collaboration with the regional health authorities, continuation of provincial initiatives such as Booster Seat Education, Water Safety Education and Training, and the Low Cost Bike Helmet Initiative which distributed 3,644 bike helmets to school age children and their families.
   - Supported the sharing of evidence-informed falls prevention research, resources, tools, programs and training opportunities to the Falls Prevention Network; collaborated with falls prevention stakeholders; and coordinated the proclamation of the falls prevention week for older adults.
   - Supported Bone Health Education in partnership with Osteoporosis Manitoba.

6. Initiatives to mitigate poor sexual health outcomes, as reflected in the Healthy Sexuality Action Plan, are delivered throughout Manitoba in collaboration with key stakeholders.
   - Provided funding to support a variety of agencies and programs throughout the province to address poor sexual health outcomes due to marginalization.
   - Developed and released the Sexually Transmitted and Blood-Borne Infections (STBBI) Strategy (2015-2019) to provide strategic leadership and direction for an integrated and collaborative approach to addressing STBBIs.
   - the Chief Provincial Public Health Officer developed and released a *Harm Reduction Position Statement* to underscore the importance of harm reduction and to support regional health authorities to move forward with harm reduction policies and programming.

7. Continued engagement and support for communities that design and implement initiatives to address chronic disease risk factors.
   - Communities and rural municipalities across Manitoba submitted 467 Healthy Together Now plans outlining their activities that focus on preventing chronic diseases. Communities led activities in the areas of healthy eating, physical activity, prevention and reduction of tobacco use, and mental well being that were unique to each set of community needs.

- Hosted a Share & Learn forum in Winnipeg that provided training, skill development, use of evidence and HTN community project sharing using a story format. Approximately 150 people participated from 5 health regions, 53 communities, and partner agencies.

8. Continued engagement and collaboration with school divisions, schools and other partners in Manitoba's Healthy Schools Initiative.
   - Partnered with Education and Training, and Healthy Child Manitoba to represent Manitoba nationally at the Joint Consortium for School Health (JCSH) and have worked to identify and collaborate on health issues such as concussions, equity, wellness education and evaluation.
   - Healthy Schools Initiatives and grants continue to support health promotion activities at both the provincial, divisional and independent school levels. Collaboration on and dissemination of resources for schools continues, coupled with ongoing consultation and support of the Healthy Schools Planner. Partnerships with agencies who deliver initiatives like Active and Safe Routes to School, physical activity promotion in schools and the Body Positive Project have all worked to strengthen and promote wellness in Manitoba schools.
   - Ten Grade 12 students were honoured with the Premier's Healthy Living Award for Youth. Students received a medal and $500.00 bursary from the Premier for their outstanding contribution to healthy living in their school communities.

9. Information, resources and support are made available to organizations and Manitobans to prevent and/or mitigate bed bugs.
   - Provided 152 grants to non-profit organizations in Manitoba for prevention and treatment of bed bugs. The Low Cost Preventative Materials Program provided specialized materials to combat bedbugs at a low cost to qualifying organizations. A total of 8,376 low cost preventative items were ordered from 83 organizations and were supplied by the Mennonite Central Committee Kildonan Thrift Shop and Resource Assistance for Youth Second Chance Shoppe.

6(a) Healthy Living and Healthy Populations

Expenditures by Sub-Appropriation	Actual 2015/16 $(000's)	FTE	Estimate 2015/16 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	1,577	13.00	1,309	268	1
Other Expenditures	1,411		1,802	(391)	2
External Agencies	3,528		3,684	(156)	
Total Sub-Appropriation	**6,516**	**13.00**	**6,795**	**(279)**	

Explanation Number:

1. Primarily due to miscellaneous salary over-expenditures.

2. Primarily due to miscellaneous operating under-expenditures.

Seniors and Healthy Aging Secretariat

The objectives were:

- To promote the health and wellbeing of older Manitobans through a comprehensive framework of legislation, policy and programs.
- To provide opportunities and mechanisms for the voices of older Manitobans to be heard.
- To act as an information and referral resource for older Manitobans.
- To foster the development of age-friendly communities.
- To develop and partner on research initiatives respecting the older population.

The expected and actual results for 2015/16 included:

1. Provincial policies, programs and services, and legislation better reflect the needs of seniors and take into account recommended practices from across the country.
   - Collaborated and consulted with government (municipal, provincial, federal), regional health authorities, and seniors-serving organizations to address a number of key issues affecting seniors, including: affordable and accessible housing, transportation, healthy aging, ageism, safety and security, caregiving, support services for seniors, access to primary care and access to community supports that facilitate them to remain in their community.

- Liaised with Federal/Provincial/Territorial Seniors' Officials regarding inter-jurisdictional seniors' issues, and participated in joint initiatives such as the Aging in Place, Caregiving, Social Isolation and Social Innovation working groups.

2. The contributions of older Manitobans and informal/family caregivers are increasingly recognized and valued.
   - Provided administrative and consultative support to facilitate the work of the Manitoba Council on Aging and the Caregiver Advisory Committee.
   - Facilitated quarterly meetings of the Manitoba Council on Aging as mandated by *The Manitoba Council on Aging Act*. At these meetings, issues of importance to Manitoba seniors were identified and explored.
   - Facilitated the work of two Manitoba Council on Aging *ad hoc* committees focused on the prioritized issues of affordable housing with supports and supports for seniors living in the community.
   - Coordinated Manitoba Council on Aging Recognition Awards to celebrate the outstanding contributions of older Manitobans and journalists who promoted positive images of aging.
   - Facilitated a community conversation in Gimli, Manitoba to elicit feedback from older Manitobans.
   - Facilitated quarterly meetings of the Caregiver Advisory Committee. At these meetings, issues of importance to informal caregivers were identified and explored.
   - Facilitated a Caregiver Advisory Committee working group on the prioritized issue of the health and well-being of caregivers and respite care.
   - Proclaimed and celebrated Manitoba Caregiver Recognition Day as set out in *The Caregiver Recognition Act*.
   - Tabled, in the Legislative Assembly, *The Caregiver Recognition Act* Report 2013-2015 and the *Resources for Caregivers 2015: Inventory of Supports and Services*.
   - Served as the provincial co-chair for the Federal/Provincial/Territorial Ministers Responsible for Seniors' Working Group on Caregiver Readiness, which explored ways to increase awareness among Canadians about the likelihood that they will provide care to someone they know within their lifetime.

3. Older Manitobans have a greater awareness of and access to government and community programs and services.
   - Provided a central source of information and referral through the Seniors Information Line, Seniors and Healthy Aging website, Seniors' Guide and other publications to seniors, their families, informal caregivers, and seniors-serving organizations on programs and services throughout Manitoba.
     - Provided referrals to 3,183 telephone inquiries.
     - Distributed 29,711 publications.
   - Revised and released an updated version of the Seniors' Guide, which offers quick access to listings of programs and services available to older adults in Manitoba that can enhance their health, independence and well-being.
   - Provided funding to Age & Opportunity: Support Services for Older Adults' Elder Abuse Services and Safe Suite Program, and Klinic's 24-hour Seniors Abuse Support Line.
   - Provided funding to Prevent Elder Abuse Manitoba to increase awareness and facilitate training about elder abuse to a range of stakeholders.
   - Provided funding to help communities plan for World Elder Abuse Awareness Day with events held throughout Manitoba.
   - In conjunction with the department's Continuing Care Branch, enhanced funding to Support Services for Seniors Program (SSSP). The SSSP is implemented by regional health authorities to assist communities in creating and developing a range of coordinated, accessible and affordable community-based resources and services that focus on promoting health, independence and well-being for seniors. The SSSP supports senior centres, community resource councils, tenant resource programs, and congregate meal programs.
   - Provided input into a campaign to increase awareness of the rights and responsibilities of tenants and landlords under *The Residential Tenancies Act* pertaining to tenants receiving tenant services (ex: residing in assisted living).

4. Manitoba and its many communities are recognized as age-friendly.
   - Facilitated the Age-Friendly Visioning Day, where community partners and stakeholders were invited to provide input to support the advancement of the Age-Friendly Manitoba Initiative.
   - In partnership with the Age-Friendly Team, hosted:
     - 4 Age-Friendly Community Consultations across Manitoba to assist communities in developing their Age-Friendly action plans in order to be recognized as an age-friendly community. Key themes included housing development and options, recreation and regional services, safety and security, and transportation.
     - 5 Age-Friendly Regional Meetings in Central, Eastern, Northern/North Parkland, Mid-Western and Western districts of the Association of Manitoba Municipalities. Key themes of regional meetings included housing options, transportation, safety and security, and community resources and development. And,
     - Provided support and resources to communities to assist them in reaching Age-Friendly milestones recognition.
   - Attended the Western Age-Friendly Roundtable Discussion with Saskatchewan, Alberta and British Columbia to highlight the Age-Friendly Manitoba Initiative, exchange knowledge, and enhance interprovincial relationships to better address the needs of older adults and support Manitoba's age-friendly communities.

5. Identify opportunities for research and knowledge translation about the older population.
   - Participated on the Federal/Provincial/Territorial Seniors Social Isolation and Social Innovation Working Group to develop a tool kit for key stakeholders to facilitate knowledge exchange and address social isolation of seniors.
   - Collaborated with the Manitoba Centre for Health Policy on research related to the health status of older adults.
   - Collaborated with the University of Manitoba's Centre on Aging to identify research opportunities as they relate to older adults in Manitoba.
   - Attended the Conference Board of Canada's national meeting on transportation and aging to inform provincial work in this area.

6(b) Seniors and Healthy Aging Secretariat

Expenditures by Sub-Appropriation	Actual 2015/16 $(000's)	FTE	Estimate 2015/16 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	740	10.00	737	3	
Other Expenditures	212		184	28	
External Agencies	632		730	(98)	
Total Sub-Appropriation	**1,584**	**10.00**	**1,651**	**(67)**	

Mental Health and Spiritual Health

The objectives were:

- To provide direction and support toward innovation, evidence-based practice and accountability in the mental health system and spiritual health care system in Manitoba, and to reduce health disparities and advance mental wellness.

The expected and actual results for 2015/16 included:

1. Strengthened integration and coordinated approaches to mental health promotion, prevention, support and treatment for Manitobans, in partnership and collaboration with people with lived experience of mental health problems and illnesses, family members, other government departments, service providers and other partners.
   - Launched StressHacks.ca, a website which enhances access to appropriate mental health supports and services for Manitoba children and youth between the ages of 10 and 24 years, their families and other youth serving providers (ex: educators and health care providers). The online tool provides quick suggestions or "hacks" to help individuals decide if and when they need help, how to find help, and offers self-help tips and resources. Evidence-based information is

presented in plain language to help users understand the best course of action for mental health problems and illnesses.
- Continued collaboration and consultation with persons with lived experience of mental health problems and illnesses, their family members and natural supports through the Perspectives Provincial Mental Health Advisory Council.

2. Strong collaboration with a diverse range of stakeholders in policy and program development and in the implementation of provincial strategies.
   - Continued leadership of the Provincial Recovery Champions Committee, which included the completion of an environmental scan of recovery-oriented mental health services, hosting Provincial Recovery Working Days with 120 key stakeholders, and developing a guide to recovery oriented system transformation in Manitoba.
   - Established a working group to provide recommendations in the development, implementation and evaluation of a provincial framework for peer support to enhance peer support services and influence system change in terms of the integration of peer support in mental health services.
   - Collaborated with other branches, regional health authorities and other stakeholders on patient and public engagement in the development of policies and programs throughout Manitoba healthcare.

3. Evidence-based policies for the health sector that reflect the concerns of priority populations.
   - Initiated the development of a provincial recovery policy to guide regional health authorities and grant-funded mental health agencies toward an evidence-based, recovery-oriented mental health system.
   - Established collaborative inter-sectoral working groups to plan for the psycho-social needs of the Syrian refugees and other refugee populations. Developed and distributed factsheets to guide service providers in responding to the emotional distress and mental health problems and illnesses experienced by refugee children, youth and adults.
   - Continued leadership of the department's participation in the Mental Health Commission of Canada's (MHCC) three-year case study research project tracking the adoption of the Psychological Health and Safety Standard.

4. Program excellence and fiscal accountability of provincially-funded mental health programs and services.
   - To ensure strong service delivery and fiscal accountability continued working with provincially-funded mental health agencies to provide mental health programs and services to Manitobans, such as peer support and public education.
   - Further fiscal and administrative advantages were earned through the development of multi-year master agreements with agencies currently supported by grants from multiple departments.

5. Improved access to mental health services for youth with a focus on Aboriginal youth.
   - In partnership with Healthy Child Manitoba Office, launched community discussions about a Provincial Child and Youth Mental Health Strategy with a focus on expanding mental health promotion programs, and enhancing access to services for children and youth with complex mental health issues.
   - In collaboration with regional health authorities and other external stakeholders, completed the seventh full year of implementation of the Youth Suicide Prevention Strategy with a focus on Indigenous youth.
   - Construction commenced on the Hope North Youth Crisis Facility in Thompson, a six-bed facility for youth experiencing a mental health crisis, or who are in need of addictions stabilization under *The Youth Addictions (Support for Parents) Stabilization Act*.
   - Continued identification of professional competencies and enhancement of the training curriculum for the child and adolescent community mental health workforce, in collaboration with the Manitoba Adolescent Treatment Centre and all regional health authorities.

6. Enhanced protective factors and reduced modifiable risk factors with respect to suicide prevention.
   - Continued leadership of the Provincial Suicide Prevention Leadership Committee, an interdepartmental committee aimed at reducing suicide among adults and older adults through policy and program initiatives.

7. Established specific, measurable, attainable, realistic and time-sensitive objectives for a four-year action plan to guide spiritual health care within Manitoba.
   - Finalized the Provincial Spiritual Health Care Action Plan, which will enhance spiritual health as part of a holistic model of health care delivery.
   - Established the Provincial Spiritual Health Care Steering Committee, which will guide the implementation of the action plan's priorities.

8. Continued enhancement of practices for co-occurring mental health and substance use disorders within regional health authorities and provincially-funded mental health and addictions services and programs.
   - Finalized recommendations to enhance evidence-based services and support with a focus on complex needs, enhanced integrated service planning, enhanced professional development and training for mental health and addictions practitioners, and building capacity and support for health care providers working with patients with co-occurring disorders.

9. Improved coordination, knowledge and skills related to psycho-social planning, response and recovery in provincial emergency management services.
   - Continued work on a draft framework to improve communications and coordination strategies amongst service partners to integrate psychosocial considerations into the broader emergency management system.

6(c) Mental Health and Spiritual Health

Expenditures by Sub-Appropriation	Actual 2015/16 $(000's)	FTE	Estimate 2015/16 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	908	9.00	703	205	
Other Expenditures	864		1,174	(310)	1
External Agencies	2,907		2,941	(34)	
Total Sub-Appropriation	**4,679**	**9.00**	**4,818**	**(139)**	

Explanation Number:

1. Primarily due to miscellaneous operating under-expenditures.

Tobacco Control and Cessation

The objectives were:

- To further reduce tobacco use by Manitobans, by implementing measures aimed at preventing youth from starting to smoke, protecting non-smokers from exposure to second-hand smoke, helping smokers quit, and de-normalizing tobacco products and their use.

The expected and actual results for 2015/16 included:

1. Continuation of the ManitobaQuits 'Quit and Win' contest whereby Manitobans who successfully quit smoking are eligible to win cash prizes and encourage ongoing smoking cessation.
   - Continued ManitobaQuits 'Quit and Win' with 300 smokers participating and $800.00 being given away to successful quitters.

2. Continued enforcement of the provisions in *The Non-Smokers Health Protection Act* and sustained compliance with the prohibition on supplying tobacco products to minors.
   - Enforced *The Non-Smokers Health Protection Act* with 400 retailers compliance checks conducted, 30 warnings and 20 charges laid against retailers selling tobacco products to minors.

3. Enhancement of the Review, Rate and Create program for students in Grades 5-12 which will include airing the ad voted most effective by students.
   - Delivered Review and Rate in schools across the province, reaching over 18,000 students. The addition of online voting increased vote submission by 30% over 2014/15.

4. Expansion and maintenance of the fifty Students Working Against Tobacco (SWAT) teams in Manitoba schools.

- Continued training and support sessions for SWAT teams. Expansion included the development of a Super Trainer School in Winnipeg School Division and the first Indigenous Super Trainer School.

5. Development of regulations related to *The Non-Smokers Health Protection Amendment Act (Prohibitions on Flavoured Tobacco and Other Amendments)* to reduce youth access to candy and fruit flavoured tobacco products.
   - Placed regulations on hold for *The Non-Smokers Health Protection Amendment Act (Prohibitions on Flavoured Tobacco and Other Amendments)* as a result of a federal government initiative in this area.

6. Continued support for the 1-800 Smokers' Helpline in partnership with Health Canada and the Canadian Cancer Society to offer professional smoking cessation counseling to anyone who calls or registers on-line.
   - Provided provincial funding for calls and online registrants to the Smokers' Helpline to the Canadian Cancer Society.

7. Continuation of a project with the Manitoba Tobacco Reduction Alliance (MANTRA) to provide cessation counseling training and other supports to workplaces interested in helping employees quit.
   - Provided provincial funding to MANTRA to support cessation counseling training in workplaces throughout Manitoba.

8. Continued partnership with regional health authorities for hospital and community-based smoking cessation projects.
   - Provided provincial funding to regional health authorities for smoking prevention and cessation activities.

6(d) Tobacco Control and Cessation

Expenditures by Sub-Appropriation	Actual 2015/16 $(000's)	FTE	Estimate 2015/16 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	348	3.00	247	101	
Other Expenditures	678		280	398	
External Agencies	843		2,694	(1,851)	1
Total Sub-Appropriation	**1,869**	**3.00**	**3,221**	**(1,352)**	

Explanation Number:

1. Primarily due to delays in project.

Addictions Policy and Support

The objectives were:

- Provide leadership, support and direction to the addictions system in Manitoba.
- Work collaboratively with the addictions programs and service providers to:
  - Develop efficient and effective strategies and policies across a continuum from prevention to tertiary care.
  - Provide information, advice and recommendations that support effective planning and decision making.
  - Identify emerging issues, best practices and evidence-informed programming to assist with service development and strategic planning.
  - Develop and support practices that enhance system accountability.
  - Establish linkages between addictions service providers and the regional health delivery system.

The expected and actual results for 2015/16 included:

1. Increased consistent reporting from the addictions service providers including strategic planning that aligns with departmental priorities and addictions service needs of Manitobans.

- Implemented a new process to ensure reporting is accurate and timely from grant funded service providers.
- Copies of strategic plans are requested as part of the review process to ensure alignment with departmental priorities.

2. Fiscal and program accountability of provincially funded addictions programs and services.
   - Developed new tools to ensure proper oversight and accountability of grant funded addiction services.
   - Enhanced service level performance measurement and program evaluation capacity by a post treatment client survey and internal evaluation processes within organizations.
   - Completed two audits. Addiction service providers are on a rotating schedule for an internal audit.

3. An integrated, accessible, efficient and effective continuum of services to meet the needs of Manitobans struggling with addiction, substance abuse and problematic gambling.
   - River Point Center, a multi-agency facility, implemented a supportive transitional housing component for people who have completed a treatment program and need additional support prior to returning to their home communities.
   - To ensure Manitobans receive effective services, implemented phase two of the client follow up process with community-based non-residential programs and medical withdrawal management. Outcomes from the follow up surveys assist to inform continuous improvement initiatives.
   - In partnership with Manitoba Justice, launched a fentanyl awareness campaign. The campaign included a website, bus shelter ads, and printed posters. The website contains information on how to stay safe, understanding signs of an overdose, and where to get help.

4. Increased knowledge and skills in addictions residential treatment programs, community-based treatment programs and continuing care.
   - Addictions Foundation of Manitoba (AFM) is leading knowledge exchange initiatives to increase awareness and access to evidence based practices.
   - AFM hosted a knowledge exchange networking event to introduce the Enhancing Capacity for Trauma Informed Care training series.
   - Residential treatment, detoxification and community based services have all increased knowledge and skills related to evaluation, implementing post treatment follow up, and improving internal capacity to evaluate performance.

5. Increased collaboration with primary care teams of regional health authorities to engage in screening and early intervention activities.
   - In partnership with Primary Health Care Branch, piloted screening, brief intervention and referral processes in primary care clinics. Evidence supports screening and early intervention for better outcomes for Manitobans.
   - Waywayseecappo First Nation Health Centre, Sagkeeng First Nation Health Centre, Churchill Community Health Clinic, Thompson Community Health Clinic, and NorWest Community Health Clinic actively screened patients.

6. A responsive and flexible system that improves Manitobans' access to addictions, substance abuse and problematic gambling services in Manitoba.
   - The Manitoba Addictions Helpline was launched in September 2015 in order to improve addictions system navigation and access to service and resource information. The service includes:
     - a toll free line for information and support,
     - a no appointment needed, walk in option located at River Point Centre,
     - a website that includes service information and how to access them, and a self screening tool to help guide people to the right service.

7. Existence of evidence-based policies and programming throughout all levels of addictions, substance abuse and problem gambling services.
   - Completed site visits with all grant funded service providers to review policies, deliverables and service expectations.

- Addiction service providers have easy access to evidence based programming through the newly established Provincial Knowledge Exchange Centre.

6(e) Addictions Policy and Support

Expenditures by Sub-Appropriation	Actual 2015/16 $(000's)	FTE	Estimate 2015/16 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	432	3.00	536	(104)	
Other Expenditures	584		581	3	
External Agencies	8,031		7,881	150	
Total Sub-Appropriation	**9,047**	**3.00**	**8,998**	**49**	

Addictions Foundation of Manitoba

The objectives were:

- To contribute to the health and resilience of Manitobans by providing addictions services and supporting healthy behaviours.

The expected and actual results for 2015/16 included:

1. Ongoing implementation of AFM's four year strategic plan (2013-2017).
   - Continued to make significant strides toward achieving strategic objectives including initiating and completing reviews of programs and policies; increasing training and professional development opportunities for staff; and fostering collaborative partnerships with other addictions agencies in Manitoba.

2. Implementation of unit work plans relating to the organization's goals to be client centered, efficient and consistent across the organization.
   - Program areas across AFM have developed new and innovative work plans resulting in higher quality, client centred service provided in more efficient and effective ways, more consistently.

3. Enhanced process for monitoring, measuring and reporting on progress toward the goals and objectives outlined in the strategic plan.
   - Developed measurable objectives in many areas within the strategic plan to guide monitoring and reporting on progress.

4. Maintenance of accreditation status.
   - Continued to comply with Accreditation Canada standards and requirements.

5. Clarification of AFM's role as a corporate organization, created by *The Addictions Foundation Act* and its leadership in the addictions field.
   - Continued to be recognized as a leader in the addictions field. Provided leadership on emerging issues and priority initiatives in the addictions field such as fentanyl, methadone and the provision of trauma-informed care.

6. Implementation of the quality improvement services review to ensure programs continue to be based on evidence-based practices. The first programs to be reviewed will be women-only, men-only and the impaired driver program.
   - A comprehensive review of the Impaired Driver Program has been completed. Implementation of the recommendations will begin shortly. Resources have been identified internally to support a review of the residential treatment programs as the next priority.

7. Review and update of 30% of all policy documents.
   - As part of AFM's strategic plan, identified the need to review and update policies. To date, completed a review and update of 26% of policy documents, and significant progress has been made toward completing the review and update of many more.

8. Clarification of the role of the human resource unit with an enhanced focus on training and performance management.
   - Made significant strides toward implementing consistent hiring and performance feedback practices; providing extensive management training and coaching to leaders; and developing internal training for staff.

9. Implementation of information technology updates.
   - Continued to strive to provide an adequate, reliable IT system capable of servicing an agency of our size and complexity within available resources.

10. Provision of information, education and support services regarding addictions and substance abuse to clients, partner organizations and the public.
    - Provided educational courses and workshops in partnership with the University of Manitoba's Applied Counselling Certificate Program. Also provided public education workshops in schools, community centres, workplaces and other locations.
    - Continued to maintain websites with a wide range of addictions related information, including resources geared to youth, adults, service providers, parents and educators that provide factual information on substances, problem gambling, addictions and supportive services available.
    - AFM's Resource Collection is the most comprehensive information source on substance use and misuse, problem gambling and related issues in Manitoba. It offers up to date, reliable information on issues, trends and research in the addictions field. Membership is free and available to all Manitobans.
    - Continued to provide printed publications in the form of brochures and pamphlets with information on substances, problem gambling, addictions and supportive services available.

11. Provision of residential, community-based and school-based services to Manitobans with issues related to alcohol, drugs and problem gambling.
    - Provides a wide range of addictions treatment services for Manitobans struggling with an addiction or with someone else's addiction. Offered services for adults and youth and provided gender specific programming in Winnipeg. Provided residential, community-based and school-based services through facilities located across Manitoba.

12. Enhanced mental health capacity and collaboration with mental health service providers.
    - Continued to facilitate Co-Occurring Disorders training for the mental health, addictions and social services systems. Also led the development of a trauma informed care initiative with the initial focus being on enhancing capacity within the provincially funded addictions system.

13. Strengthened partnerships and collaboration with other addictions organizations and community supports.
    - Hosted forums/networking days with addictions and other community partners and led a multi-agency collaboration for Manitoba Addictions Awareness Week.
    - Continued to collaborate with River Point Centre colocation organizations, Behavioural Health Foundation and Main Street Project, to provide a broad spectrum of addictions services in one location.
    - Launched the Manitoba Addictions Helpline, an expanded service that helps Manitobans access addictions treatment services based on their unique needs and circumstances. This service is coordinated with all provincially funded adult addiction organizations.

14. Enhanced training of staff for quality improvement in service delivery and improved client and staff safety.
    - Implemented several large-scale internal trainings to date and have a number of training initiatives in various stages of development. Training has continued to be focused on client and staff safety and confidentiality issues relevant to all job classifications, and on new policies and procedures as they are introduced.

6(f) Addictions Foundation of Manitoba

Expenditures by Sub-Appropriation	Actual 2015/16 $(000's)	FTE	Estimate 2015/16 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Program Delivery	27,306		28,102	(796)	
Problem Gambling Services	3,374		3,374	-	
Less: Third Party Recoveries	(1,633)		(1,633)	-	
Less: Recoveries from Manitoba Lotteries Corporation	(7,474)		(7,474)	-	
Total Sub-Appropriation	**21,573**	**-**	**22,369**	**(796)**	

Health Services Insurance Fund

The Manitoba Health Services Insurance Fund provides for program costs related to payments to health authorities and other organizations for acute and long-term care, home care, community and mental health and emergency medical response and transportation services. The Fund also provides direct payments to providers of insured services and individuals claiming reimbursement of expenditures. This includes Provincial Health Services, the Medical Program and Pharmacare.

Funding to Health Authorities

- Acute Care Services
- Long-Term Care Services
- Home Care Services
- Community and Mental Health Services
- Emergency Response and Transport Services

The objectives were:

- Health authorities (RHAs, CancerCare Manitoba and Diagnostic Services Manitoba Inc.) provide a service delivery system that responsively, efficiently and effectively meets the needs of their populations and is balanced in an affordable and sustainable manner.

The expected and actual results for 2015/16 included:

1. Allocated funds will be utilized in accordance with *The Regional Health Authorities Act, The Health Services Insurance Act* and *The CancerCare Manitoba Act*.
   - Funding allocated to health authorities and other agencies was utilized in accordance with *The Regional Health Authorities Act, The Health Services Insurance Act* and *The CancerCare Manitoba Act* with respect to the cost of hospital services, medical services and other health services provided in Manitoba.

2. Financial and statistical information will be provided by the health authorities as defined by the department.
   - Health authorities and other agencies complied with the department's financial and statistical reporting requirements through submission of information that included but was not limited to: management information system data, monthly financial forecast reports, audited financial statements, annual reports, patient wait time data, program service delivery data, and labour vacancy data.

3. Regional health authorities and CancerCare Manitoba undertake legislated accountability measures including the assessment of health needs, strategic planning, health planning and accreditation.
   - All licensed EMS agencies submitted operational plans detailing priorities and plans for their departments.
   - Per the department's requirements, health authorities prepared five-year strategic plans along with their legislated annual health plans.
   - All RHAs and CCMB have posted community health assessment reports in compliance with *The Regional Health Authorities Act*.
   - All RHAs have Local Health Involvement Groups (LHIGs) in place.

- RHAs and CCMB were in compliance with accreditation regulation and guidelines, including submission of report to government, and public posting of results.

4. Implementation of strategic efforts and health plans is planned and managed with consideration to affordability and sustainability.
   - Representatives from all regions participated in the EMS review task force for the purpose of planning and implementation of strategic efforts in alignment with regional and MHHLS goals.
   - 29.5 full time paramedic positions were created in Southern Health-Santé Sud and Prairie Mountain Health to facilitate the transition to a more sustainable model with full time, in-station paramedic response capability.
   - Collaborative care models that integrate mental health and/or psychologist services in primary health care are currently being used and expanded by RHAs through ACCESS Centres and My Health Teams.
   - Representatives from all regions participated in the newly formed Home Care Leadership Team that supports the development of a long term plan for Home Care in Manitoba which will in part address the recommendations outlined in the Office of the Auditor General's review of Home Care in Manitoba.
   - Executive management in several RHAs ensured alignment between regional strategic planning and Lean Six Sigma efforts.
   - RHAs continued to use community health assessment findings in guiding decision making in service provision.
   - RHAs prepared regional health plans in accordance with provincial guidelines.

5. A service delivery system that meets the needs of Manitobans.
   - All regions' EMS operational and deployment plans are based on statistical analysis of historic call profiles, population and community characteristics to ensure the service meets the needs of communities.
   - All RHAs are participating in provincial and regional work related to recovery-oriented mental health system and services transformation that focuses on patient-centred care.
   - All regions contributed to the planning of personal care home (PCH) bed supply to address the province's PCH requirements over the next ten years.
   - All regions contributed to the development of a standardized provincial Safe Resident Handling training program and resources to improve the safety of PCH residents and staff alike by reducing the incidence of resident and staff injury during resident transfer.
   - Representatives from all regions participated in the newly formed Frank Alexander Implementation Team for the purpose of overseeing the response to the recommendations from the Frank Alexander inquest released in May 2015.
   - Implementation of a provincial plan to address recommendations of the Brian Sinclair Inquest for improving the quality and safety of emergency department services throughout Manitoba.
   - A Home Haemodialysis Utility Reimbursement Program was introduced to provide additional incentive for renal patients to utilize this modality of dialysis.
   - The conversion from film to digital mammography was enacted for diagnostic and screening mammography across the province.

6. Health authorities are compliant with provincial legislation, departmental policies, standards, reporting requirements and guidelines of core health services.
   - All regions had ambulance and station inspections completed by standards officers in compliance with standards and regulations.
   - Reviewed regional health authorities' year-end accountability monitoring requirements.
   - Monitored and ensured compliance with Chief Executive Officer/Designated Senior Officer annual expense-reporting requirements.
   - Regional health authorities participated in a provincial process to review child and youth mental health services and systems throughout the province.
   - Monitored and documented compliance with personal care home standards and licensing requirements.
   - Ensured RHAs and agencies were compliant with critical incident reporting legislation.
   - All RHAs participate in audit reviews to assess risks and controls. Recent examples include the Food Safety audit, the Wireless Network Security audit and the Helicopter Ambulance Program audit.

7(a) Funding to Health Authorities

Expenditures by Sub-Appropriation	Actual 2015/16 $(000's)	Estimate 2015/16 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Other Expenditures				
Acute Care Services	2,355,382	2,274,284	81,098	1
Long Term Care Services	621,428	646,013	(24,585)	2
Home Care Services	350,181	352,778	(2,597)	2
Community and Mental Health Services	317,900	283,289	34,611	2
Emergency Response and Transport Services	118,167	101,831	16,336	2
Third Party Recoveries	(18,350)	(17,385)	(965)	
Reciprocal Recoveries	(55,860)	(65,977)	10,117	3
Recoverable from Urban Development Initiatives	(2,000)	(2,000)	-	
Total Sub-Appropriation	**3,686,848**	**3,572,833**	**114,015**	

Explanation Number:

1. Primarily due to price and volume increases, offset by a re-distribition of the 2015/16 funding in 21-7a.

2. Primarily due to price and volume increases and a re-distribution of the 2015/16 funding within 21-7a.

3. Primarily due to lower volumes.

Provincial Health Services

Provincial Health Services is comprised of the following:

Hospital – Out Of Province

The objectives were:

- To provide payment to, or on behalf of, residents of Manitoba for insured hospital services required while temporarily out of the province, and to recover funds from other provinces when Manitoba hospitals provide in-patient and out-patient services to other Canadian residents.

The expected and actual results for 2015/16 included:

1. Manitoba residents receive out-of-province coverage for benefits to which they are entitled under the provincial health plan.
   - Provided benefits in relation to insured hospital services required while temporarily out of the province to residents of Manitoba.

2. The portability requirements of the *Canada Health Act* are fulfilled.
   - The requirement of portability for benefits under the *Canada Health Act* was fulfilled.

Blood Transfusion Services

The objectives were:

- To ensure appropriate funding to the Canadian Blood Services for Manitoba's share of the cost for the provision of a safe, reliable and adequate blood supply for Manitobans and Canadians (except Quebec).
- To ensure appropriate use of funding by the Canadian Blood Services, Diagnostic Services of Manitoba, regional health authorities and Manitoba physicians in the provision of safe, reliable and appropriate transfusion services to Manitobans.

The expected and actual results for 2015/16 included:

1. Timely and accurate payments to Canadian Blood Services for manufacturing operating costs.
   - Payment for blood occurred to facilitate timely delivery of safe, reliable and affordable quality blood products to regional health authorities (RHAs), facilities and physicians.

2. Timely and accurate payments for appropriate transfusion related laboratory testing services required by Manitoba hospitals and physicians.
   - Payment for eligible laboratory services occurred to facilitate timely delivery of laboratory services to Canadian Blood Services, regional health authorities (RHAs), facilities and physicians.

3. Timely and accurate payments to Canadian Blood Services for appropriate procurement and distribution costs of plasma derived products ordered by Manitoba physicians.
   - Payment for plasma derived products occurred to facilitate timely delivery of safe, reliable and affordable quality plasma derived products to regional health authorities (RHAs), facilities and physicians.

4. Timely and accurate payments to Manitobans eligible for the Multi-Provincial Territorial Assistance Plan (MPTAP).
   - Continued work with the Canadian Blood Agency (CBA) to ensure timely and accurate provision of financial assistance to Manitobans meeting the eligibility criteria for the Multi Provincial Territorial Assistance Program (MPTAP).

Federal Hospitals

The objectives were:
- To provide funding for services in two federal hospitals and 22 federal nursing stations.

The expected and actual results for 2015/16 included:
1. Two federal hospitals and 22 federal nursing stations are funded for services provided.
   - Funded two federal hospitals and 22 federal nursing stations for services provided.

Ancillary Programs

The objectives were:
- To manage and administer payment of benefits for assistive devices as prescribed under *The Health Services Insurance Act*.

The expected and actual results for 2015/16 included:
1. Payment for benefits for eligible Manitobans who require assistive devices for daily living.
   - Provided financial assistance for the purchase of assistive devices to 50,270 eligible Manitoba Families at a total cost of $17.33 million.

2. Ensure appropriate accountability for public funds paid to suppliers who provide devices and services to Manitobans eligible for Ancillary programs benefits.
   - Initiated consultations with stakeholders, including suppliers, as part of a policy and legislation review that focused on supplier and prescriber accountability, and device efficiency and cost-effectiveness.

Healthy Communities Development

The objectives were:
- To direct health care system resources to more appropriate and less costly alternatives, with a particular emphasis on prevention and health promotion.

The expected and actual results for 2015/16 included:
1. Development of a more effective and affordable health care system through the funding of initiatives such as Cross Departmental Initiatives, which provides clinical and housing supports, and Manitoba Patient Access Network, which continues to implement the Patient Access Registry and eBooking tools.
   - Made investments in a number of initiatives designed to promote an effective and sustainable health care system. Specific examples would be interventions and projects approved through the Manitoba Patient Access Network and Cross Departmental Coordination Initiatives.

Nurses Recruitment and Retention

The objectives were:

- The Nurses Recruitment and Retention Fund (NRRF) is committed to enhancing the delivery of health services in the province of Manitoba, by addressing issues of nursing supply.

The expected and actual results for 2015/16 included:

1. Improved supply and retention of nurses in Manitoba and increased interest in nursing as a profession through incentive programs and marketing strategies.
    - The NRRF assists with the recruitment and retention of RNs, RPNs, LPNs and NPs. The grants have helped nurses offset the cost of relocating in order to become registered to work in Manitoba, as well as offering financial support to encourage nurses to work in rural and northern regions and other areas of need to enhance the delivery of health care services across the province. Provided a total of 565 grants, including:
        - Relocation cost assistance to 154 nurses;
        - The Personal Care Home (PCH) Grant to 153 eligible nurses new to employment in a PCH; and
        - The Conditional Grant to 164 eligible new nursing graduates who chose to work in a rural or northern location, in exchange for a return of service.
    - Total of 17 nurse practitioner students/graduates received the Nurse Practitioner Education Grant in exchange for a return of service in a rural or northern community.
    - Supported regional recruiter participation in 4 out-of-province nursing recruitment Marskell Caravan Career Fair events:
        - Toronto/Ottawa/Montreal, April 2015;
        - Vancouver and Edmonton, September 2015;
        - Toronto/Moncton/Halifax, October 2015; and
        - Ottawa/Montreal/Toronto, March 2016.
    - As part of Manitoba's retention strategy, provided over 1.4 million dollars for nurses' Continuing Education.

Manitoba Centre for Health Policy

The objectives were:

- To support policy evaluation and research on priority health issues for Manitoba Health, Healthy Living and Seniors.
- To support knowledge translation of research findings to decision makers.

The expected and actual results for 2015/16 included:

1. Five major deliverables for Manitoba Health, Healthy Living and Seniors that provide an analysis and assessment of priority health issues in Manitoba.
    - Manitoba Tuberculosis (TB) Prevention and Management
    - Mental Illness in Manitoba – Update and Longer-Term Study
    - Health Status of Older Adults and Seniors
    - Diabetes in Manitoba
    - Evaluation of the PAX Good Behaviour Game and Long-term Outcomes (Part 2)

2. Two to three workshop days annually, focused on the research findings and policy relevance to the health care system.
    - Regional Health Authority Workshop
    - Winnipeg Regional Health Authority Workshop
    - Manitoba Health, Healthy Living and Seniors Workshop

Selkirk Mental Health Centre

The objectives were:

- To provide specialized inpatient mental health and acquired brain injury treatment and rehabilitation to residents of Manitoba whose challenging needs cannot be met elsewhere in the provincial health care system.

The expected and actual results for 2015/16 included:

1. Reduction in incidents of seclusion and restraints placed on patients which reduces patient and staff injuries and improves patient and staff morale and patient outcomes.
   - Developed and implemented Trauma Informed Care workshop. Training is being provided to all Selkirk Mental Health Centre (SMHC) staff with plans to train patient family members as well.
   - Implemented a Fall Prevention Task Team to reduce the number of patient falls below the national average and promote a least restraint environment that focuses on safety, independence, confidence, activity and mobility.
   - Reduced restraint events by 35.5% and restraint hours by 18.6% in 2015 over the previous year as a result of increased education with frontline staff and increased monitoring by leaders to ensure the restraints were used appropriately and recorded correctly.
   - Seclusion events increased in 2015 by 17.5% but the time spent in seclusion was reduced by 13.5%. The increases in seclusion events are attributed to more psychiatrically unstable patients being admitted to SMHC in 2015 (77% of seclusion events occurred in the Acute Program).

2. More patient care modules are implemented in the clinical application system.
   - Implemented an enhancement to the electronic patient record called Patient Story which provides clinicians with the ability to customize the patient side bar summary for each discipline, making the information they use the most available at a glance.

3. Improved clinical care systems and processes by applying Lean Six-Sigma methodologies.
   - Several Lean Projects were completed in 2015/16:
     - Equipment Rescue Rangers - purpose: to improve the safety and maintenance of patient mobility equipment in the Geriatric Program. Benefits/Improvements:
       - Developed a standardized work process to manage repairs and troubleshoot broken mobility equipment.
       - Increased the number of therapy staff knowing how to address mobility equipment repairs by 36%.
       - Implemented regular scheduled inspections of mobility equipment by therapy staff.
       - Developed educational tools and a checklist for routine inspection and cleaning of mobility equipment.
       - Developed a standardized lock out process to securely remove broken mobility equipment from use until repaired.
     - NEO Navigators - purpose: to streamline the New Employee Orientation (NEO) process at SMHC. Benefits/Improvements:
       - Reduced the number of staff involved in the NEO process by 35%.
       - Reduced the number of payroll forms new staff are required to complete from 13 to 2.
       - Reduced payroll documentation errors by educating new staff on how to complete forms upon hire.
       - Reduced the amount of time spent creating NEO schedules by 50%.
       - Reduced the number of revisions made after the NEO schedules are distributed by 78%.
     - The Right Stuff - purpose: to stock the warehouse using a just-in-time inventory system. Benefits/Improvements:
       - Reduced warehouse inventory by 35% through the removal of discontinued, expired, obsolete, and unused products.
       - Repurposed warehouse space for equipment storage, reducing costs by not having to build an outdoor storage shed.
       - Reorganized the warehouse using visual management; grouping of like products, colour coding by aisle, and larger label identification.
       - Improved physical environment safety and air quality by applying a sealant to existing concrete floor.
     - Scheduling Sharks - purpose: to reduce the amount of time Coordinators of Patient Services (CPS) and area staff spend on scheduling nurses and nursing assistants. Benefits/Improvements:
       - Transferred the majority of the scheduling workload to the Scheduling Office where it belonged.
       - Standardized scheduling tasks so the CPS only reviews and approves the current schedules and advises Scheduling Office when staff requests are received.
       - Developed a standard work process map and eliminated five process steps, yielding an annual time savings of 56 staff hours.
       - Reduced time spent by CPS on scheduling tasks by 37%, freeing up time to work on more important patient and staff issues.

4. Improved patient safety through advancements in technology.
   - Completed the development of the B Care Pharmacy software module which included interfaces with the automated medication packaging machine in the Pharmacy and the after hour medication dispensing cabinets in the patient care areas. The entire medication system is now fully integrated with SMHC's electronic patient chart.
   - Implementation of dietary software was delayed until 2016/17 due to tendering issues which have since been resolved.

5. Continued development of relationships with community partners to increase patient flow-through and improve access to beds.
   - Implemented a new Provincial Bed Utilization Committee to work through transition barriers, address patient flow issues, and prioritize admissions to SMHC with regional health authorities in Manitoba and Nunavut.

6. Improved coordination and integration within the provincial mental health system by aligning SMHC's services and programs as a continuum of care with regional health authorities and community partners.
   - SMHC has been working closely with the Winnipeg Regional Health Authority on improving coordination and patient flow between SMHC and the provincial forensic mental health program at Health Sciences Centre.

Immunizing Agents, Biologics and Drugs

The objectives were:

- Ensure security of supply of vaccines and drugs.
- To promote and support immunization programs in Manitoba.

The expected and actual results for 2015/16 included:

1. Ensure security of supply of vaccines and attain cost savings through the national bulk purchasing contracts.
   - Procured sufficient supply to meet demand of the provincial immunization programs.
   - Advanced program planning and product analysis ensured there were no delays in immunization programs in spite of multiple product supply shortages and recalls.

2. Maintain and increase provincial immunization coverage rates for all publicly-funded vaccines.
   - The Annual Immunization Report for 2015/16 is pending however the initial estimates indicate that the immunization coverage rates have been maintained and in some areas, such as Human Papilloma Virus (HPV) vaccine coverage has increased.
   - Worked with the immunization providers to ensure that the right people are getting immunized at the right time and the right place.
   - Continued to work with pharmacists in their new role as immunization providers to look at increasing their role and impact on immunization rates.
   - Implemented schedule efficiencies to the school immunization program to meet best practices and match other Canadian jurisdictions.

3. Reduce the burden of STBBIs and vaccine-preventable diseases.
   - The burden of vaccine preventable diseases (such as measles, pertussis, and rubella) in Manitoba has not increased from previous reporting years.
   - Responded on an increased incidence of syphilis occurring in Manitoba by providing health care providers with information, enhancing coordination of surveillance, and working with regional public health personnel to mitigate the spread.

7(b) Provincial Health Services

Expenditures by Sub-Appropriation	Actual 2015/16 $(000's)	Estimate 2015/16 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Other Expenditures				
Out-of-Province	54,136	53,726	410	
Blood Transfusion Services	64,538	59,545	4,993	1
Federal Hospitals	2,126	2,579	(453)	2
Ancillary Programs	17,325	21,932	(4,607)	2
Healthy Communities Development	5,933	6,385	(452)	3
Nursing Recruitment and Retention Initiatives	2,605	3,730	(1,125)	4
Manitoba Centre for Health Policy	2,200	2,200	-	
Selkirk Mental Health Centre	47,380	42,026	5,354	5
Immunizing Agents, Biologics and Drugs	16,998	15,691	1,307	
Total Sub-Appropriation	**213,241**	**207,814**	**5,427**	

Explanation Number:

1. Primarily due to higher price and volumes.

2. Primarily due to lower price and volumes.

3. Primarily due to delays in projects.

4. Primarily due to lower volumes.

5. Primarily due to direct patient services.

Medical

The objectives were:

- To provide payment to, or on behalf of, residents of Manitoba for services insured under the Manitoba Health Services Insurance Plan in respect of fee-for-service claims submitted by physicians (including out-of-province physicians), optometrists, chiropractors and oral and maxillofacial surgeons and licensed dentists.
- To provide funding support through the physician recruitment and retention programs towards the training, recruitment and retention of physicians in Manitoba. This funding is managed by the Health Human Resource Planning unit of the Health Workforce Secretariat.

The expected and actual results for 2015/16 included:

1. Claims will be adjudicated in accordance with *The Health Service Insurance Act* and its regulations.
   - Processed and paid approximately 13.3 million claims in relation to approximately 28.7 million services provided by medical practitioners, optometrists, chiropractors, and oral surgeons.
   - Total services included approximately 26.9 million physician services, 616,949 optometric services, 941,088 chiropractic services, and 6,397 oral surgery services.

2. Continuation of RHA and University of Manitoba medical school programs funded by the physician recruitment and retention programs.
   - Continued to fund the University of Manitoba, College of Medicine for first year residency positions up to 148 seats.
   - Worked directly with the University of Manitoba Faculty Of Health Sciences, College of Medicine, to determine the allotment of funded residency positions in all medical program areas.
   - The Provincial Specialist Recruitment Fund provided forty-four (44) grants to physicians practicing in Manitoba.
   - The Provincial Specialist Settlement Fund provided thirty-seven (37) grants to physicians practicing in Manitoba.
   - The Medical Licensure Program for International Medical Graduates (MLPIMG) program trained 10 physicians.

- The International Medical Graduates Assessment for Conditional Licensure program assessed two (2) physicians.
- The Non-Registered Specialist Assessment Program (NRSAP) assessed two (2) specialists.

7(c) Medical

Expenditures by Sub-Appropriation	Actual 2015/16 $(000's)	Estimate 2015/16 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Other Expenditures				
Physician Services	1,204,757	1,202,255	2,502	1
Other Professionals	29,210	29,792	(582)	
Out of Province Physicians	31,233	31,328	(95)	
Physician Recruitment and Retention Program	27,288	31,457	(4,169)	2
Third Party Recoveries	(10,278)	(10,003)	(275)	
Reciprocal Recoveries	(16,179)	(16,121)	(58)	
Total Sub-Appropriation	**1,266,031**	**1,268,708**	**(2,677)**	

Explanation Number:

1. Primarily due to volume increase.

2. Primarily due to volume decreases.

Pharmacare

The objectives were:

- To fund prescribed pharmaceutical benefits subject to *The Prescription Drugs Cost Assistance Act* and Regulations and *The Pharmaceutical Act* and Regulations to protect the residents of Manitoba from financial hardship resulting from expenses for eligible prescription drugs.

The expected and actual results for 2014/15 included:

1. Payment for eligible pharmaceutical benefits for program beneficiaries.
   - The average Pharmacare benefit per family for 2015/16 increased $490.89 or 15.67% to $3,623.60 from $ 3,132.71 in 2014/15. This increase occurred due to an increase (12.3%) in actual drug costs in 2015/16 from 2014/15, even though there was also a decrease (3.2%) in the number of families who received Pharmacare benefits in 2015/16 compared to 2014/15.
   - Deductible rates in 2015/16 ranged from a minimum of $100 or 2.97% to a maximum of 6.73% for incomes greater than $75,000. Total family income is reduced by $3,000 for a spouse and for each dependent less than 18 years of age, where applicable.

7(d) Pharmacare

Expenditures by Sub-Appropriation	Actual 2015/16 $(000's)	Estimate 2015/16 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Other Expenditures	265,836	268,316	(2,480)	1
Total Sub-Appropriation	**265,836**	**268,316**	**(2,480)**	

Explanation Number:

1. Primarily due to volume decreases.

Capital Funding

Capital Funding provides funding to health authorities for principal repayment on approved borrowing, equipment purchases, and other capital expenditures.

The objectives were:

- To provide funding for capital projects, specialized and basic equipment purchases, and information technology initiatives approved by the department, in accordance with the department's Capital Plan, for RHAs, Diagnostic Services Manitoba (DSM), CancerCare Manitoba (CCMB), and Manitoba eHealth (eHealth) through the provision of principal repayment on approved borrowings, outright capital payments, and outright equipment payments.

The expected and actual results for 2015/16 included:

1. Change in principal repayments for approved borrowings in this fiscal year for the acquisition, construction and renovation of physical assets, specialized equipment and information technology to support the infrastructure of the health care system in accordance with the department's Capital Plan as projects are completed.
   - The 2015/16 principal payments increased by $8,029,000 from 2014/15 to provide for appropriate principal reduction on approved borrowings for the acquisition, construction, and renovation of physical assets, specialized equipment, and information technology to support the infrastructure of the health care system.

2. Modification in principal repayments as the result of approved borrowings on specific projects being fully repaid.
   - The 2015/16 principal payments increase was $1,508,000 as the result of approved borrowings for approved capital projects being fully repaid.

3. Payment for the acquisition of approved specialized and basic equipment to RHAs, DSM and CCMB on a timely basis and in accordance with approved funding levels.
   - The expected outright payments in 2015/16 for the acquisition of approved specialized and basic equipment to RHAs, DSM and CCMB were $17,476,000. Actual payments for approved specialized and basic equipment to RHAs, DSM and CCMB were $18,285,000 resulting in outright payments of $809,000 higher than anticipated.

4. Payment of outright funding for approved capital projects to RHAs, DSM and CCMB in accordance with the department's Capital Plan.
   - Total outright payments to RHAs, DSM and CCMB for 2015/16 for approved capital projects were expected to be $7,700,000. Actual outright payments to RHAs, DSM and CCMB for 2015/16 for approved capital projects were $16,372,000. Outright funding reduces the need for funding through approved borrowings.

8(a) Principal Repayments

Expenditures by Sub-Appropriation	Actual 2015/16 $(000's)	Estimate 2015/16 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Acute Care	84,149	83,536	613	
Long Term Care	12,890	11,235	1,655	1
Community and Mental Health Services	3,958	5,064	(1,106)	2
Total Sub-Appropriation	**100,997**	**99,835**	**1,162**	

Explanation Number:

1. Primarily due to additional project completions

2. Primarily due to fewer project completions.

8(b) Equipment Purchases and Replacements

Expenditures by Sub-Appropriation	Actual 2015/16 $(000's)	Estimate 2015/16 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Acute Care	15,383	14,573	810	1
Long Term Care	2,902	2,903	(1)	
Total Sub-Appropriation	**18,285**	**17,476**	**809**	

Explanation Number:

1. Primarily due to higher payments.

8(c) Other Capital

Expenditures by Sub-Appropriation	Actual 2015/16 $(000's)	Estimate 2015/16 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Acute Care	14,238	3,950	10,288	1
Long Term Care	2,134	3,750	(1,616)	2
Total Sub-Appropriation	**16,372**	**7,700**	**8,672**	

Explanation Number:

1. Primarily due to increased capital project completions.

2. Primarily due to lower outright cash payments.

8(d) Interest

Expenditures by Sub-Appropriation	Actual 2015/16 $(000's)	Estimate 2015/16 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Acute Care	40,826	50,050	(9,224)	1
Long Term Care	4,964	6,648	(1,684)	1
Community and Mental Health Services	3,120	3,694	(574)	1
Total Sub-Appropriation	**48,910**	**60,392**	**(11,482)**	

Explanation Number:

1. Primarily due to delays in projects.

Costs Related to Capital Assets

The objectives were:

- To provide for the amortization of capital assets.
- To provide for interest expense related to capital investment borrowing.

The expected and actual results for 2015/16 included:

1. The systematic write-off to expense of the cost of an asset over its expected economic useful life.
   - Amortization of the costs of assets over the useful life of the asset was completed in accordance with pre-established timelines, and in accordance with accepted accounting principles

2. The payment of interest expense on capital investment borrowing.
   - The interest costs related to capital investment borrowing were paid in accordance with pre-established timelines

9 Costs Related to Capital Assets

Expenditures by Sub-Appropriation	Actual 2015/16 $(000's)	Estimate 2015/16 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Amortization Expense	3,498	3,998	(500)	
Interest Expense	609	746	(137)	
Total Sub-Appropriation	**4,107**	**4,744**	**(637)**	

Capital Investments

The objectives were:

- To ensure the department's Capital Investment Authority reflects the costs for priority health information technology capital initiatives.
- The acquisition of medical related equipment.

The expected and actual results for 2015/16 included:

1. Recognition of capital costs associated with the development of priority health information technology capital initiatives.
   - No projects were undertaken in 2015/16.

2. Provision of technology solutions that address health priorities.
   - No projects were undertaken in 2015/16.

3. Upgraded medical equipment.
   - The department acquired new medical equipment to replace obsolete equipment and improve efficiency for its direct clinical operations including Cadham Provincial Laboratory and Selkirk Mental Health Centre.

Financial Report Summary Information — Part 1

Manitoba Health, Healthy Living and Seniors
Reconciliation Statement
April 1, 2015 – March 31, 2016

DETAILS	2015/16 ESTIMATES ($000s)
2015/16 Main Estimates:	5,653,292
Allocation of Funds from:	
Enabling Appropriations	-
Internal Service Adjustments	163
2015/16 Estimates:	**5,653,455**

Manitoba Health, Healthy Living and Seniors

Expenditure Summary

for fiscal year ended March 31, 2016

Estimate 2015/16 $(000s)		Appropriation	Actual (1) 2015/16 $(000s)	Actual (2) 2014/15 $(000s)	Increase (Decrease) $(000s)	Expl. No.
	21-1	**Administration and Finance**				
74	21 1a	Minister's Salary	75	74	1	
	21-1b	Executive Support				
1,292		1 Salaries and Employee Benefits	1,458	1,413	45	
218		2 Other Expenditures	155	161	(6)	
	21-1c	Finance				
6,791		1 Salaries and Employee Benefits	7,207	6,744	463	
980		2 Other Expenditures	842	920	(78)	
	21-1d	Legislative Unit				
511		1 Salaries and Employee Benefits	716	702	14	
286		2 Other Expenditures	168	122	46	
518		3 External Agencies	426	417	9	
10,670		**Total Appropriation 21-1**	**11,047**	**10,553**	**494**	

Manitoba Health, Healthy Living and Seniors
Expenditure Summary
for fiscal year ended March 31, 2016

Estimate 2015/16 $(000s)		Appropriation	Actual (1) 2015/16 $(000s)	Actual (2) 2014/15 $(000s)	Increase (Decrease) $(000s)	Expl. No.
	21-2	**Provincial Policy and Programs**				
	21-2a	Administration				
237		1 Salaries and Employee Benefits	278	275	3	
50		2 Other Expenditures	70	69	1	
	21-2b	Information Systems				
4,279		1 Salaries and Employee Benefits	3,967	3,976	(9)	
173		2 Other Expenditures	162	223	(61)	
5,178		3 Provincial Program Support Cost	5,531	5,009	522	1
	21-2c	Provincial Drug Programs				
2,521		1 Salaries and Employee Benefits	2,183	2,293	(110)	
467		2 Other Expenditures	622	668	(46)	
	21-2d	Corporate Services				
1,366		1 Salaries and Employee Benefits	1,616	1,520	96	
387		2 Other Expenditures	512	435	77	
435		3 External Agencies	435	465	(30)	

Manitoba Health, Healthy Living and Seniors
Expenditure Summary
for fiscal year ended March 31, 2016

Estimate 2015/16 $(000s)		Appropriation	Actual (1) 2015/16 $(000s)	Actual (2) 2014/15 $(000s)	Increase (Decrease) $(000s)	Expl. No.
	21-2e	Capital Planning				
892		1 Salaries and Employee Benefits	757	821	(64)	
135		2 Other Expenditures	99	93	6	
	21-2f	Drug Management Policy Unit				
699		1 Salaries and Employee Benefits	642	592	50	
167		2 Other Expenditures	758	1,691	(933)	2
424		3 External Agencies	418	410	8	
	21-2g	Cadham Provincial Laboratory Services				
8,349		1 Salaries and Employee Benefits	9,328	9,004	324	
8,355		2 Other Expenditures	7,679	7,477	202	
34,114		**Total Appropriation 21-2**	**35,057**	**35,021**	**36**	

Explanation Number:

1. Primarily due to miscellaneous operating over-expenditures.

2. Primarily due to increase in research expenditures offset by general revenues.

Manitoba Health, Healthy Living and Seniors
Expenditure Summary
for fiscal year ended March 31, 2016

Estimate 2015/16 $(000s)		Appropriation	Actual (1) 2015/16 $(000s)	Actual (2) 2014/15 $(000s)	Increase (Decrease) $(000s)	Expl. No.
	21-3	**Health Workforce Secretariat**				
	21-3a	Administration				
813		1 Salaries and Employee Benefits	680	659	21	
184		2 Other Expenditures	326	320	6	
	21-3b	Contracts and Negotiations				
821		1 Salaries and Employee Benefits	809	801	8	
183		2 Other Expenditures	98	133	(35)	
	21-3c	Health Human Resource Planning				
747		1 Salaries and Employee Benefits	619	615	4	
107		2 Other Expenditures	46	40	6	
223		3 External Agencies	182	181	1	
	21-3d	Fee-for-Service / Insured Benefits				
5,394		1 Salaries and Employee Benefits	5,985	5,748	237	
1,106		2 Other Expenditures	1,219	1,250	(31)	
9,578		**Total Appropriation 21-3**	**9,964**	**9,747**	**217**	

Manitoba Health, Healthy Living and Seniors
Expenditure Summary
for fiscal year ended March 31, 2016

Estimate 2015/16 $(000s)		Appropriation	Actual (1) 2015/16 $(000s)	Actual (2) 2014/15 $(000s)	Increase (Decrease) $(000s)	Expl. No.
	21-4	**Public Health and Primary Health Care**				
	21-4a	Administration				
278		1 Salaries and Employee Benefits	295	206	89	
122		2 Other Expenditures	170	104	66	
	21-4b	Public Health				
13,170		1 Salaries and Employee Benefits	12,952	12,392	560	
6,206		2 Other Expenditures	4,678	6,261	(1,583)	1
12		4 External Agencies	-	-	-	
	21-4c	Federal / Provincial Policy Support				
483		1 Salaries and Employee Benefits	575	548	27	
40		2 Other Expenditures	32	39	(7)	
	21-4d	Aboriginal and Northern Health Office				
816		1 Salaries and Employee Benefits	495	641	(146)	
590		2 Other Expenditures	170	155	15	
724		3 External Agencies	724	724	-	

Manitoba Health, Healthy Living and Seniors
Expenditure Summary
for fiscal year ended March 31, 2016

Estimate 2015/16 $(000s)		Appropriation	Actual (1) 2015/16 $(000s)	Actual (2) 2014/15 $(000s)	Increase (Decrease) $(000s)	Expl. No.
	21-4e	Primary Health Care				
1,224		1 Salaries and Employee Benefits	1,325	1,248	77	
3,765		2 Other Expenditures	2,751	3,356	(605)	1
204		3 External Agencies	204	204	-	
27,634		**Total Appropriation 21-4**	**24,371**	**25,878**	**(1,507)**	

Explanation Number:

1. Primarily due to miscellaneous operating under-expenditure.

	21-5	**Regional Policy and Programs**				
	21-5a	Administration				
310		1 Salaries and Employee Benefits	364	333	31	
52		2 Other Expenditures	96	74	22	
881		3 External Agencies	881	881	-	
	21-5b	Health Emergency Management				
1,924		1 Salaries and Employee Benefits	2,201	2,309	(108)	
5,970		2 Other Expenditures	7,005	6,565	440	
23		3 External Agencies	16	21	(5)	

Manitoba Health, Healthy Living and Seniors
Expenditure Summary
for fiscal year ended March 31, 2016

Estimate 2015/16 $(000s)		Appropriation	Actual (1) 2015/16 $(000s)	Actual (2) 2014/15 $(000s)	Increase (Decrease) $(000s)	Expl. No.
	21-5c	Provincial Cancer and Diagnostic Services				
853		1 Salaries and Employee Benefits	912	977	(65)	
160		2 Other Expenditures	144	167	(23)	
125		3 External Agencies	125	113	12	
	21-5d	Continuing Care				
1,057		1 Salaries and Employee Benefits	1,042	1,018	24	
140		2 Other Expenditures	405	121	284	
	21-5e	Acute, Tertiary and Specialty Care				
2,319		1 Salaries and Employee Benefits	2,001	2,064	(63)	
649		2 Other Expenditures	620	279	341	
824		3 External Agencies	822	821	1	
	21-5f	Chief Provincial Psychiatrist				
449		1 Salaries and Employee Benefits	453	477	(24)	
53		2 Other Expenditures	54	54	-	
15,789		**Total Appropriation 21-5**	**17,141**	**16,274**	**867**	

Manitoba Health, Healthy Living and Seniors
Expenditure Summary
for fiscal year ended March 31, 2016

Estimate 2015/16 $(000s)		Appropriation	Actual (1) 2015/16 $(000s)	Actual (2) 2014/15 $(000s)	Increase (Decrease) $(000s)	Expl. No.
	21-6	**Healthy Living and Seniors**				
	21-6a	Healthy Living and Healthy Populations				
1,309		1 Salaries and Employee Benefits	1,577	1,378	199	
1,802		2 Other Expenditures	1,411	925	486	
3,684		3 External Agencies	3,528	3,435	93	
	21-6b	Seniors and Healthy Aging Secretariat				
737		1 Salaries and Employee Benefits	740	715	25	
184		2 Other Expenditures	212	191	21	
730		3 External Agencies	632	639	(7)	
	21-6c	Mental Health and Spiritual Health				
703		1 Salaries and Employee Benefits	908	767	141	
1,174		2 Other Expenditures	864	599	265	
2,941		3 External Agencies	2,907	2,921	(14)	
	21-6d	Tobacco Control and Cessation				
247		1 Salaries and Employee Benefits	348	275	73	
280		2 Other Expenditures	678	282	396	
2,694		3 External Agencies	843	770	73	

Manitoba Health, Healthy Living and Seniors
Expenditure Summary
for fiscal year ended March 31, 2016

Estimate 2015/16 $(000s)		Appropriation	Actual (1) 2015/16 $(000s)	Actual (2) 2014/15 $(000s)	Increase (Decrease) $(000s)	Expl. No.
	21-6e	Addictions Policy and Support				
536		1 Salaries and Employee Benefits	432	335	97	
581		2 Other Expenditures	584	191	393	
7,881		3 External Agencies	8,031	7,670	361	
	21-6f	Addictions Foundation of Manitoba		-		
28,102		1 Program Delivery	27,306	27,307	(1)	
3,374		2 Problem Gambling Services	3,374	3,213	161	
(1,633)		3 Less: Third Party Recoveries	(1,633)	(1,633)	-	
(7,474)		4 Less: Recoveries from Manitoba Lotteries	(7,474)	(7,313)	(161)	
47,852		**Total Appropriation 21-6**	**45,268**	**42,667**	**2,601**	

Manitoba Health, Healthy Living and Seniors
Expenditure Summary
for fiscal year ended March 31, 2016

Estimate 2015/16 $(000s)		Appropriation	Actual (1) 2015/16 $(000s)	Actual (2) 2014/15 $(000s)	Increase (Decrease) $(000s)	Expl. No.
	21-7	**Health Services Insurance Fund**				
	21-7a	Funding to Health Authorities				
2,274,284		Acute Care Services	2,355,382	2,218,509	136,873	1
646,013		Long Term Care Services	621,428	622,159	(731)	
352,778		Home Care Services	350,181	342,088	8,093	2
283,289		Community and Mental Health Services	317,900	264,097	53,803	2
101,831		Emergency Response and Transport Services	118,167	107,192	10,975	2
(17,385)		Third Party Recoveries	(18,350)	(17,280)	(1,070)	
(65,977)		Reciprocal Recoveries	(55,860)	(58,495)	2,635	3
(2,000)		Recoverable from Urban Development Initiative	(2,000)	(2,000)	-	
	21-7b	Provincial Health Services				
53,726		Out of Province	54,136	46,759	7,377	4
59,545		Blood Transfusion Services	64,538	61,380	3,158	4
2,579		Federal Hospitals	2,126	2,059	67	
21,932		Ancillary Programs	17,325	18,281	(956)	
6,385		Healthy Communities Development	5,933	4,624	1,309	4
3,730		Nursing Recruitment and Retention Initiatives	2,605	434	2,171	5
2,200		Manitoba Centre for Health Policy	2,200	2,200	-	
42,026		Selkirk Mental Health Centre	47,380	43,949	3,431	6
15,691		Immunizing Agents, Biologics and Drugs	16,998	15,292	1,706	4

Manitoba Health, Healthy Living and Seniors

Expenditure Summary

for fiscal year ended March 31, 2016

Estimate 2015/16 $(000s)		Appropriation	Actual (1) 2015/16 $(000s)	Actual (2) 2014/15 $(000s)	Increase (Decrease) $(000s)	Expl. No.
	21-7c	Medical				
1,202,255		Physician Services	1,204,757	1,150,775	53,982	4
29,792		Other Professionals	29,210	28,332	878	
31,328		Out of Province Physicians	31,233	30,349	884	
31,457		Physician Recruitment and Retention Program	27,288	24,038	3,250	4
(10,003)		Third Party Recoveries	(10,278)	(9,796)	(482)	
(16,121)		Reciprocal Recoveries	(16,179)	(16,924)	745	
	21-7d	Pharmacare				
268,316		Other Expenditures	265,836	247,612	18,224	7
5,317,671		**Total Appropriation 21-7**	**5,431,956**	**5,125,634**	**306,322**	

Explanation Number:

1. *Primarily due to price and volume increases, offset by a re-distribition of the 2015/16 funding in 21-7a.*
2. *Primarily due to increases in base line funding to the RHAs.*
3. *Primarily due to decreased price and volume.*
4. *Primarily due to increased price and volume.*
5. *Accounting adjustment*
6. *Primarily due to direct patient services*
7. *Primarily due to increased price partially offset by decreased volume.*

Manitoba Health, Healthy Living and Seniors
Expenditure Summary
for fiscal year ended March 31, 2016

Estimate 2015/16 $(000s)		Appropriation	Actual (1) 2015/16 $(000s)	Actual (2) 2014/15 $(000s)	Increase (Decrease) $(000s)	Expl. No.
	21-8	**Capital Funding**				
	21-8a	Principal Repayments				
83,536		1 Acute Care	84,149	72,529	11,620	1
11,235		2 Long Term Care	12,890	14,779	(1,889)	2
5,064		3 Community and Mental Health Services	3,958	4,152	(194)	
	21-8b	Equipment Purchases and Replacements				
14,573		1 Acute Care	15,383	8,516	6,867	3
2,903		2 Long Term Care	2,902	1,451	1,451	3
	21-8c	Other Capital				
3,950		1 Acute Care	14,238	3,725	10,513	4
3,750		2 Long Term Care	2,134	1,949	185	
	21-8d	Interest				
50,050		1 Acute Care	40,826	38,137	2,689	5
6,648		2 Long Term Care	4,964	5,666	(702)	
3,694		3 Community and Mental Health Services	3,120	3,297	(177)	
185,403		**Total Appropriation 21-8**	**184,564**	**154,201**	**30,363**	

Manitoba Health, Healthy Living and Seniors
Expenditure Summary
for fiscal year ended March 31, 2016

Estimate 2015/16 $(000s)		Appropriation	Actual (1) 2015/16 $(000s)	Actual (2) 2014/15 $(000s)	Increase (Decrease) $(000s)	Expl. No.
Explanation Number:						
1. Primarily due to increase in capital projects completed.						
2. Primarily due to decrease in third party borrowings.						
3. Primarily due to a transfer of Equipment purchases to the Loan Authority Act in 2014/15						
4. Primarily due to higher outright cash payments.						
5. Primarily due to increase in debt servicing.						
	21-9	**Costs Related to Capital Assets**				
3,998	21-9a	Amortization Expense	3,498	3,590	(92)	
746	21-9b	Interest Expense	609	696	(87)	
4,744		**Total Appropriation 21-9**	**4,107**	**4,286**	**(179)**	
5,653,455		**Total Appropriation 21**	**5,763,475**	**5,424,261**	**339,214**	

Footnotes:
(1) Actuals for 2015/16 are based on year-end expenditure analysis report dated July 19, 2016.
(2) Prior year's comparative figures have been reorganized where necessary to conform with the presentation adopted for the fiscal year ended March 31, 2016.

Manitoba Health, Healthy Living and Seniors
Revenue Summary by Source
for fiscal year ended March 31, 2016

Actual (1) 2015/16 $(000s)	Actual (2) 2014/15 $(000s)	Increase (Decrease) $(000s)	Expl. No.	Source	Actual (1) 2015/16 $(000s)	Estimate 2015/16 $(000s)	Variance $(000s)	Expl. No.
				1. Government of Canada:				
4,368	4,368	-		a) Labour Market Agreements for People with Disabilities	4,368	4,368	-	
741	196	545	1	b) Drug Treatment Funding Program	741	680	61	
-	-	-		c) Provincial Tobacco Guarantee	-	119	(119)	
132	129	3		d) Toll-Free Quitline Numbers on Tobacc Packaging Initiative	132	100	32	
5,241	**4,693**	**548**		**Sub-Total Health Funds**	**5,241**	**5,267**	**(26)**	
				2. Other Revenue:				
5,104	6,674	(1,570)	2	a) Sundry	5,104	6,029	(925)	2
10,345	**11,367**	**(1,022)**		**Total Revenue**	**10,345**	**11,296**	**(951)**	

Explanation Number:

1 Increased Federal Funding for Drug Treatment Funding Program

2 Miscellaneous under-recoveries.

Footnotes:

(1) Actuals for 2015/16 are based on year-end expenditure analysis report dated July 19, 2016

(2) Prior year's comparative figures have been reorganized where necessary to conform with the presentation adopted for the fiscal year ended March 31, 2016

Manitoba Health, Healthy Living and Seniors
Five Year Expenditure and Staffing Summary by Appropriation
for years ending March 31, 2012 to March 31, 2016

Appropriation	2011/12 [2] FTE	2011/12 [2] $(000s)	2012/13 [2] FTE	2012/13 [2] $(000s)	2013/14 [2] FTE	2013/14 [2] $(000s)	2014/15 [2] FTE	2014/15 [2] $(000s)	2015/16 [1] FTE	2015/16 [1] $(000s)
21-1 Administration and Finance	124.73	10,144	124.73	10,373	125.73	10,684	125.75	10,553	125.75	11,047
21-2 Provincial Programs and Services	230.68	32,127	239.68	34,158	239.68	34,562	243.70	35,021	243.70	35,057
21-3 Health Workforce Secretariat	134.29	8,699	134.29	9,214	134.29	10,346	134.30	9,747	134.30	9,964
21-4 Public Health and Primary Health Care	128.28	19,621	152.91	22,934	152.91	25,774	156.60	25,878	156.60	24,371
21-5 Regional Policy and Programs	83.02	11,814	85.02	15,983	85.02	13,792	85.00	16,274	85.00	17,141
21-6 Healthy Living and Seniors	38.00	44,179	29.00	43,605	38.00	41,560	38.00	42,667	38.00	45,268
21-7 Health Services Insurance Fund		4,591,106		4,756,337		4,960,570		5,125,634		5,431,956
21-8 Capital Funding		165,945		165,900		166,974		154,201		184,564
21-9 Costs Related to Capital Assets		4,086		4,054		5,383		4,286		4,107
Total Departmental Expenditures	739.00	4,887,721	765.63	5,062,558	775.63	5,269,645	783.35	5,424,261	783.35	5,763,475

Footnotes:

(1) Actuals for 2015/16 are based on year-end expenditure analysis report dated July 19, 2016.

(2) Prior years' comparative figures have been restated, where necessary to conform with the presentation adopted for the fiscal year ending March 31, 2016

Manitoba Health Services Insurance Plan
Five-Year Expenditure Summary
for years ending March 31, 2012 - March 31, 2016 [1]

Program	2011/12 $(000s)	2012/13 $(000s)	2013/14 $(000s)	2014/15 $(000s)	2015/16 $(000s)
Health Authorities and Facilities [2]	3,341,287	3,440,062	3,557,027	3,630,471	3,871,412
Medical [3]	972,948	1,033,443	1,135,291	1,206,774	1,266,031
Provincial Programs [4]	164,983	174,816	179,900	194,978	213,241
Pharmacare	249,223	244,348	240,772	247,612	265,836
Total	**4,728,441**	**4,892,669**	**5,112,990**	**5,279,835**	**5,616,520**

Footnotes:

(1) Prior year's comparative figures have been restated where necessary to conform with the presentation adopted for the fiscal year ending March 31, 2016.

(2) Includes Funding to Health Authorities and Capital Funding.

(3) Includes fee-for-service, alternate payments, private laboratory and x-ray facilities, Oral, Dental, and Periodontal Surgery, as well as Chiropractic and Optometric.

(4) Included in Provincial Programs are Out of Province facilities, Blood Transfusion Services, Federal Hospitals, Prosthetic and Orthotic Devices, Healthy Communities Development, and Nursing Recruitment and Retention Initiatives.

Financial Report Summary Information Part 2

Manitoba Health Services Insurance Plan
Summary of Estimates
April 1, 2015 – March 31, 2016

DETAILS	2015/16 ESTIMATES ($000s)
2015/16 Main Estimates:	
Funding to Health Authorities	3,572,833
Provincial Health Services	207,814
Medical	1,268,708
Pharmacare	268,316
Capital Grants	185,403
2015/16 Estimates:	**5,503,074**

For the year ended March 31, 2016, the cost of insured health services was financed primarily through grants from the Provincial Consolidated Fund. As in the previous year, federal contributions pursuant to the provisions of the Canada Health and Social Transfer, were not received by the Health Services Insurance Fund but were deposited directly into the Consolidated Fund of the Province of Manitoba.

The Plan also received $51,536 in supplementary funding for a total budget of $5,554,610 for planned expenses in 2015/16.

MANAGEMENT REPORT

Management of Manitoba Health, Healthy Living and Seniors is responsible to the Minister of Health, Healthy Living and Seniors for the integrity and objectivity of the financial statements and schedules of the Manitoba Health Services Insurance Plan. The financial statements for the year ended March 31, 2016 have been prepared in accordance with Canadian public sector accounting standards.

Manitoba Health, Healthy Living and Seniors maintains a system of internal control designed to provide management with reasonable assurance that confidential data and other assets are safeguarded and that reliable operating and financial records are maintained. This system includes written policies and procedures, and an organization structure which provides for appropriate delegation of authority and segregation of responsibilities.

The Office of the Auditor General is responsible to express an independent, professional opinion on whether the financial statements are fairly presented in accordance with Canadian public sector accounting standards. The Auditor's Report outlines the scope of the audit examination and provides the audit opinion.

Management has reviewed and approved these financial statements. To assist in meeting its responsibility, an audit committee meets to review audit, financial reporting and related matters.

On behalf of the management,

(Original signed by)

Karen Herd, CA
Deputy Minister of Health, Healthy Living and Seniors

(Original signed by)

Dan Skwarchuk, CPA, CGA
Assistant Deputy Minister and
Chief Financial Officer

Winnipeg, Manitoba
June 29, 2016

OFFICE OF THE
AUDITOR GENERAL
MANITOBA

INDEPENDENT AUDITOR'S REPORT

To the Legislative Assembly of Manitoba
To the Minister of Health, Seniors and Active Living

We have audited the accompanying financial statements of the Manitoba Health Services Insurance Plan, which is comprised of the statement of financial position as at March 31, 2016 and the statements of operations and accumulated surplus and net debt, and cash flow for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements
Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility
Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion
In our opinion, the financial statements present fairly, in all material respects, the financial position of the Manitoba Health Services Insurance Plan as at March 31, 2016 and the results of its operations and its cash flow for the year then ended in accordance with Canadian public sector accounting standards.

Office of the Auditor General

Office of the Auditor General
June 29, 2016
Winnipeg, Manitoba

500 - 330 Portage Avenue Winnipeg, Manitoba R3C 0C4 office: (204) 945-3790 fax: (204) 945-2169
www.oag.mb.ca

MANITOBA HEALTH SERVICES INSURANCE PLAN
Statement of Financial Position
As At March 31, 2016
(in thousands of dollars)

	2016	2015
Financial Assets		
Cash	$ 13,180	$ 16,237
Funds on deposit with the Province of Manitoba	364,209	391,863
Due from:		
Province of Manitoba	2,020	-
Province of Manitoba - vacation pay (Note 4)	121,663	121,663
Province of Manitoba - post employment benefits (Note 4)	128,177	128,177
Other Provinces and Territories	26,564	37,581
Other	12,918	15,653
	668,731	711,174
Liabilities		
Accounts Payable and Accrued Liabilities (Note 5)	418,891	451,951
Due to:		
Province of Manitoba	-	9,383
Province of Manitoba - vacation pay (Note 4)	121,663	121,663
Province of Manitoba - post employment benefits (Note 4)	128,177	128,177
	668,731	711,174
Accumulated Surplus and Net Debt	$ -	$ -

The accompanying summary of significant accounting policies and notes are an integral part of these financial statements.

MANITOBA HEALTH SERVICES INSURANCE PLAN
Statement of Operations and Accumulated Surplus and Net Debt
For the Year Ended March 31, 2016
(in thousands of dollars)

	Budget 2016	Actual 2016	Actual 2015
Revenue			
Province of Manitoba - Grants (Note 7)	$ 5,503,074	$ 5,550,453	$5,249,282
Inter-provincial reciprocal recoveries - Hospital	65,977	55,860	58,495
Inter-provincial reciprocal recoveries - Medical	16,121	16,179	16,924
Third party recoveries	27,388	51,327	31,996
Miscellaneous	2,000	2,649	7,327
	5,614,560	5,676,468	5,364,024
Expenses			
Health Authorities and Facilities (Note 7)	3,843,598	3,881,561	3,697,089
Medical	1,294,832	1,293,087	1,234,370
Provincial programs	207,814	213,281	179,720
Pharmacare	268,316	288,539	252,845
	5,614,560	5,676,468	5,364,024
Annual Surplus and Net Debt	-	-	-
Accumulated Surplus and Net Debt, Beginning of Year	-	-	-
Accumulated Surplus and Net Debt, End of Year	$ -	$ -	$ -

The accompanying summary of significant accounting policies and notes are an integral part of these financial statements.

MANITOBA HEALTH SERVICES INSURANCE PLAN
Statement of Cash Flow
For the Year Ended March 31, 2016
(in thousands of dollars)

	2016	2015
Operating Activities		
Annual Surplus (Deficit)	$ -	$ -
Changes in Working Capital:		
Due from:		
Province of Manitoba	(2,020)	11,890
Other Provinces and Territories	11,017	(2,046)
Other	2,735	(4,291)
Accounts Payable and Accrued Liabilities	(33,060)	113,446
Due to:		
Province of Manitoba	(9,383)	9,383
	(30,711)	128,382
Increase (Decrease) in Cash and Funds on deposit	(30,711)	128,382
Cash and Funds on deposit with the Province, Beginning of year	408,100	279,718
Cash and Funds on deposit with the Province, End of year	$ 377,389	$ 408,100
Consists of:		
Cash	$ 13,180	$ 16,237
Funds on deposit with Province of Manitoba	364,209	391,863
	$ 377,389	$ 408,100

The accompanying summary of significant accounting policies and notes are an integral part of these financial statements.

MANITOBA HEALTH SERVICES INSURANCE PLAN
Notes to the Financial Statements
For the Year ended March 31, 2016
(in thousands of dollars)

1. Nature of Operations

The Manitoba Health Services Insurance Plan (the Plan) operates under the authority of the Health Services Insurance Act. The Plan is not a separate entity with the power to contract in its own name and cannot sue or be sued. The mandate of the Plan is to provide health related insurance for Manitobans by funding the costs of qualified hospital, medical, personal care and other health services. The Plan's financial operations are administered outside of the Provincial Consolidated Fund.

2. Significant Accounting Policies

a. General

These financial statements have been prepared in accordance with Canadian public sector accounting standards.

b. Revenue Recognition

Funds drawn from Province of Manitoba appropriations (including supplementary estimates or special warrants), net of any funds to be repaid, are recognized as revenue. Revenue from the Province of Manitoba appropriations is accrued when further eligible expenses were incurred or recoveries from provincial departments are due.

Under inter-provincial reciprocal agreements Canadian residents can obtain necessary hospital and medical services while away from their home provinces or territories. Revenue related to reciprocal recoveries is recognized in the year that the services are provided.

Manitoba Health recovers amounts for hospital and medical services provided to individuals who are covered under other insurance plans, primarily Manitoba Public Insurance. Revenue related to third party recoveries is recognized in the year that the services are provided.

All other revenues are recognized at a gross amount on an accrual basis.

c. Financial Instruments

The financial instruments of the Plan consist of cash, funds on deposit, accounts receivable, accounts payable and accrued liabilities, and amounts due to or from the Province of Manitoba. All of the Plan's financial instruments are carried at cost.

Impaired financial assets are written down to their net recoverable value with the write-down being recognized in the statement of operations.

d. Net Debt

Net Debt is equivalent to accumulated surplus as there are no non-financial assets.

e. Use of Estimates

The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingencies at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Items requiring the use of significant estimates include any allowance for doubtful accounts related to accounts receivable, and the estimation of accrued liabilities related to Health Authorities, Medical Service Claims, Pharmacare Claims, and General.

Actual results could differ from these estimates.

MANITOBA HEALTH SERVICES INSURANCE PLAN
Notes to the Financial Statements
For the Year ended March 31, 2016
(in thousands of dollars)

f. Administrative and Operating Expenses

The financial statements do not include administrative salaries and operating expenses related to the Plan. These are included in the operating expenses of Manitoba Health.

3. Financial Instrument Risk Management

The Plan has exposure to the following risks from its use of financial instruments: credit; interest rate, and liquidity risk. Based on the Plan's small amount of foreign currency denominated assets, a change in exchange rates would not have a material effect on its Statement of Operations. There have been no significant changes from the previous year in the exposure to risk or policies, procedures and methods used to measure the risk.

Credit risk

Credit risk is the risk that one party to a financial instrument fails to discharge an obligation and causes financial loss to another party. Financial instruments which potentially subject the Plan to credit risk include cash, funds on deposit, and accounts receivable.

Cash and funds on deposit are not exposed to significant credit risk. Cash is held with a large reputable financial institution and funds on deposit are held by the Province of Manitoba.

Accounts receivable are not exposed to significant credit risk. The majority of the amounts is due from the Province of Manitoba and other provinces and territories; both typically pay in full. No allowance for doubtful accounts is required.

Liquidity risk

Liquidity risk is the risk that the Plan will not be able to meet its financial obligations as they come due.

The Plan manages liquidity risk by maintaining adequate cash balances and by review from the Department of Health to ensure adequate funding will be received to meet its obligations.

4. Employee Benefits

The Plan revised, in 2005, its funding arrangements related to vacation pay and post employment benefits. Prior to 2005, the Plan did not fund the annual vacation leave earned by employees of the Regional Health Authorities (Health Authorities) and Health Care Facilities (Facilities) until the year vacations were taken. As well, the Plan did not fund post-employment benefits earned by employees of Health Authorities and Facilities until those post-employment benefits were paid. Funding is now provided as vacation pay and post employment benefits are earned by employees subsequent to March 31, 2004.

The amount recorded as due from the Province – vacation pay was initially based on the estimated value of the corresponding liability as at March 31, 2004. Subsequent to March 31, 2004, the Province has included in its ongoing annual funding to the Plan, an amount equal to the current year's expense for vacation pay entitlements.

The amount recorded as due from the Province – post employment benefits is the value of the corresponding actuarial liability for post employment costs as at March 31, 2004. There has been no change to the value subsequent to March 31, 2004 because the Province has provided, in its ongoing

MANITOBA HEALTH SERVICES INSURANCE PLAN
Notes to the Financial Statements
For the Year ended March 31, 2016
(in thousands of dollars)

annual funding to the Plan, an amount equivalent to the change in the post employment liability including annual interest accretion related to the receivable. The receivable will be paid by the Province when it is determined that the funding is required to discharge the related post employment liabilities.

5. Accounts Payable and Accrued Liabilities

	2016	2015
Health Authorities and Facilities	**$288,519**	$326,095
Provincial Health Services	**4,735**	3,944
Medical Service Claims	**81,247**	72,904
Pharmacare Claims	**6,878**	2,856
General	**37,512**	46,152
	$418,891	$451,951

6. Expenditures for Hospital, Medical, and Other Health Services

The following table summarizes expenditures including accrual impact during the fiscal year.

Hospital service payments include services that an insured person is entitled under the Plan to receive at any hospital, surgical facility or personal care home without payment except for any authorized charges that he or she may be liable to pay are:

- in-patient services and out-patient services in a hospital and out-patient services in a surgical facility;
- such services in a hospital as may be specified in the regulations as being additional hospital services that an insured person is entitled to receive under the Plan; and
- subject to any special waiting period in respect of personal care prescribed in the regulations, and subject to meeting the admission requirements for the personal care home personal care provided in premises designated as personal care homes.

Medical service payments include all services rendered by a medical practitioner that are medically required but does not include services excepted by the regulations.

Other health service payments include chiropractic, optometric, or midwifery services, or to services provided in hospitals by certified oral surgeons, or to the provision of prosthetic or orthotic devices, or to any or all of those services.

	2016	2015
Hospital Services	**$3,142,780**	$3,025,264
Medical Services	**1,254,835**	1,203,002
Other Health Services	**46,536**	46,613

7. Special Warrant

The special warrant for supplementary funding of $51,536 is not included in the 2016 Budget figures presented.

MANITOBA HEALTH SERVICES INSURANCE PLAN
Notes to the Financial Statements
For the Year ended March 31, 2016
(in thousands of dollars)

8. Economic Dependence

The Plan is economically dependent on the Province of Manitoba for its funding.

9. Related Party Transactions

In addition to those related transactions disclosed elsewhere in these financial statements, the Plan is related in terms of common ownership to all Province of Manitoba created departments, agencies and Crown corporations. The Plan enters into transactions with these entities in the normal course of business. These transactions are recorded at the exchange amount.

10. The Public Sector Compensation Disclosure Act

The Schedule of Payments pursuant to the provisions of The Public Sector Compensation Disclosure Act is included as part of the Annual Report of Manitoba Health.

11. Subsequent Events

In May 2016, the Provincial Government announced that it would provide one-time funding of $66,066 to the Regional Health Authorities to eliminate their forecasted 2015/16 annual deficits.

The government transfer (revenue and receivable from the Province) and the expense and liability (to the Regional Health Authorities) are not recorded in the 2016 financial statements because the Government made the decision to provide the one-time funding and communicated its decision to the Regional Health Authorities after year end. Therefore, the government transfer to the Plan was not authorized until May 2016 and the liability to the Regional Health Authorities did not exist until May 2016.

Consequently, these transactions are disclosed only as subsequent events.

12. Comparative Figures

Certain of the 2015 comparative figures have been reclassified to conform with the presentation adopted for 2016.

OFFICE OF THE
AUDITOR GENERAL
MANITOBA

INDEPENDENT AUDITOR'S REPORT

To The Legislative Assembly of Manitoba
To the Minister of Health, Seniors and Active Living

We have audited the accompanying Schedule of Payments of the Manitoba Health Services Insurance Plan for the year ended March 31, 2016 ("the Schedule"). The Schedule has been prepared by management based on Sections 2 and 5 of the Public Sector Compensation Disclosure Act.

Management's Responsibility for the Schedule
Management is responsible for the preparation of the Schedule in accordance with Sections 2 and 5 of the Public Sector Compensation Disclosure Act and for such internal control as management determines is necessary to enable the preparation of the Schedule that is free from material misstatement, whether due to fraud or error.

Auditor's Responsibility
Our responsibility is to express an opinion on the Schedule based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the Schedule is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the Schedule. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the Schedule, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation of the Schedule in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates, if any, made by management, as well as evaluating the overall presentation of the Schedule.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion
In our opinion, the financial information in the Schedule of Payments of the Manitoba Health Services Insurance Plan for the year ended March 31, 2016 is prepared, in all material respects, in accordance with Sections 2 and 5 of the Public Sector Compensation Disclosure Act.

Basis of Accounting
Without modifying our opinion, we draw attention to the Basis of Accounting Note to the Schedule, which describes the basis of accounting. The Schedule is prepared to assist the entity to meet the requirements of Sections 2 and 5 of the Public Sector Compensation Disclosure Act. As a result, the Schedule may not be suitable for another purpose.

Office of the Auditor General
June 29, 2016
Winnipeg, Manitoba

500 - 330 Portage Avenue Winnipeg, Manitoba R3C 0C4 office: (204) 945-3790 fax: (204) 945-2169
www.oag.mb.ca

Manitoba Health Services Insurance Plan

The Public Sector Compensation Disclosure Act

Schedule of Payments for Fiscal Year Ended March 31, 2016

Basis of Accounting

This Schedule of Payments is published in compliance with the provisions of "The Public Sector Compensation Disclosure Act".

The Act requires the publication of the name of every person who receives $50,000 or more in the fiscal year for providing services to insured persons under The Health Services Insurance Act, and the amount paid to each. It should be noted that the payments reported for physicians represents their fee-for-service, net of any recoveries, sessional fees, and fees for committee meetings.

The payments reported do not include payments that a physician may receive:

- *from alternate sources such as for salary and contract payments, on-call stipends, etc.*
- *for providing services to insured persons (Manitoba residents) when outside of Manitoba for which the Manitoba Health Services Insurance Plan reimburses the health care provider.*
- *for providing services to non-residents of Manitoba (non-insured persons under The Health Services Insurance Act) for which the Manitoba Health Services Insurance Plan receives reimbursement from third parties.*

The fee-for-service payments are reported under the name of the practitioner who provided the services, except for special arrangements when services provided by a group of practitioners are billed in the name of a single practitioner for administrative efficiencies. This type of billing arrangement is in place for radiology, laboratory, nuclear medicine and dialysis services in particular. As a result, some of the amounts shown have not been generated solely by the practitioner whose name is shown.

Persons reading these data should understand that:

- *These data provide only a record of gross payments made by Manitoba Health to the practitioner.*
- *A practitioner's net income may vary from the gross payments shown as costs of operating a practice must be paid from these gross payments.*
- *As total revenues and costs of practice vary significantly between specialty groups and between individual practitioners, net income can also vary significantly.*

Abbott Burton B	$220,896	Al Wazzan Ahmad B	$121,434	Anderson Brent R	$375,780
Abbu Ganesan P	$199,967	Al-Ahbabi Aseel	$118,686	Anderson Brian	$203,349
Abdelmessih Mary Rose	$283,832	Al-Kaabi Atheer	$422,292	Anderson Donna M	$109,700
Abdulrahman Suleiman	$199,104	Al-Kadhaly Mothafar	$224,463	Anderson Jennifer	$93,794
Abdulrehman A S	$359,560	Al-Moumen Zakaria	$736,840	Anderson Matthew	$152,938
Abell William R	$90,949	Al-Somali Faisal M	$185,035	Anderson Ryan A	$404,611
Abo Alhayjaa Sahar	$405,004	Alabdoulsalam Tareq	$157,161	Anderson Shelley D	$221,831
Abrams Elissa M	$192,436	Alai Mehdi	$116,682	Anderson Tristan A	$83,364
Abujazia Abdurreza	$590,070	Alamian-Harandi Kourosh	$66,894	Anderson Tyler	$133,535
Adam Chris J E	$248,976	Albak Russell E	$328,555	Andreiw Adam	$256,539
Adam-Sdrolias Heather L	$201,243	Alevizos Ioannis	$63,985	Andrew Chris	$750,940
Adams David W	$53,154	Alexander Ian Scott	$195,892	Anhalt Hicks Cynthia D	$807,983
Adduri V R	$179,098	Ali Abdalla M	$157,212	Anjola Rasheed O	$70,372
Adegboyega Margaret	$267,408	Ali Kassandra	$67,878	Anozie Chiaka B	$439,417
Adl Golchin Oveis	$60,885	Ali Molud A E	$463,457	Ansar Roomana	$112,284
Aery Navrup	$71,066	Ali Mossadeq	$563,957	Ansari Muhammad	$181,433
Afifi Tarek J	$1,306,544	Ali Tehmina K	$172,210	Anttila Lisa K	$566,771
Afolabi Babafemi	$62,781	Ali Nejad Shahrokh	$57,964	Anyadike Ignatius	$290,020
Ahluwalia Rajpal S	$425,499	Aljafari Alhassan	$406,029	Aoki Fred Y	$207,522
Ahmad Absar	$208,546	Alkana Matthew R	$75,795	Appendino Juan P	$157,633
Ahmad Ejaz	$662,899	Allan Donald R[3]	$612,849	Aragola Sanjay	$533,934
Ahmad Suffia N	$286,328	Almalky Ammar	$687,875	Araneda Maria C	$105,496
Ahmed Munir	$459,993	Almoustadi Waiel A	$362,114	Arara Mohammed	$160,040
Ahmed Naseer	$177,754	Altman Alon	$641,574	Armas Enriquez Ana T	$233,253
Ahmed Shahida	$291,395	Altman Gary N	$316,166	Armstrong Brent	$395,475
Ahuja Nitin	$250,124	Alto Lauri E	$492,992	Armstrong Sean[3]	$1,051,691
Ahweng Albert	$363,792	Amadeo Ryan J J	$594,420	Arneja Amarjit S	$380,129
Ahweng Andrew G	$786,359	Ambrose Devon J	$386,214	Arneja Jagmit	$366,246
Aiken Andrew	$164,570	Amede Kebede H	$381,426	Arnott Peter C	$419,278
Ainley Andrew	$75,081	Ames David H	$244,261	Arya Virendra	$332,112
Ainslie Martha D	$226,012	Anang Julius B	$122,828	Asham Hany A	$110,427
Ajao Olarenwaj	$52,629	Anang Polina	$204,045	Ashcroft R P	$222,445
Akintola Olalekan	$737,715	Anashara Fouad H	$160,850	Ashcroft Rebecca C	$309,233
Akra Mohamed A	$198,484	Anastasiades Lefkos P	$75,151	Ashfaq Bushra	$197,110

Ashique Asim	$126,530
Ashton Martin	$62,097
Askarifar Rasool	$382,196
Assaad Hoda M A	$186,540
Asskar Ramzi	$401,925
Assuras George N	$462,381
Atalla Niveen G	$353,769
Athaide Marita	$66,319
Atkinson Raymond	$252,025
Aujla Harpreet	$306,905
Avery Maleen R	$90,602
Avila Flores Francisco[2]	$899,038
Awad Jaklin	$463,514
Awadalla Alaa	$803,971
Ayinde Wasiu A	$171,422
Azer Nivin	$787,378
Azer Nivine N	$456,702
Aziz Aziz N N	$522,458
Azzam Hussam M	$111,101
Azzam Lina	$269,782
Babick Andrea P	$245,385
Babick Terry R	$586,065
Bacily Mervat A	$399,286
Badenhorst Frederik	$333,119
Badesha Kulvir S	$307,924
Bagry Hema S	$475,366
Bahrami Tahmoures	$179,215
Baidwan Saminder	$51,234
Bailes Michelle	$271,645
Baillie Cory	$635,231
Baker Chandran	$844,570
Bal Simerpree	$128,281
Balachandra Bhamini	$131,293
Balageorge Dimitrios	$367,497
Balcha Berhanu	$70,970
Balko George	$346,036
Ball Frederic	$366,108
Bailen Jenifer L	$283,983
Bammeke Femi	$166,274
Banerji Shantanu	$119,677
Banerji Versha	$126,879
Banmann Darin S	$293,727
Barac Ivan	$405,816
Barac Snezana	$219,116
Barber Lorne	$103,803
Barc Jennine	$320,527
Bard Robert J	$439,796
Baria K	$215,764
Barker Mark F	$594,452
Barkman Jayson M	$671,369
Barnard Alicia G	$90,758
Barnes Jeffrey G	$325,866
Barnes William R	$147,939
Baron Cynthia M	$348,746
Baron Kenneth I	$466,771
Barron Laurie W	$717,512
Barske Heather L	$324,327
Barteaux Brooks	$152,372
Bartlett Lloyd C	$194,204
Bashir Bashir	$364,728
Basson Hendrik J	$407,451
Basta Ayman F	$763,712
Battad Anthony B	$199,766
Bay Graham H	$391,648
Baydock Bradley	$152,714
Bayer Cheryl	$122,816
Beaudette Roxanne M	$51,537
Beaumont Ian D	$134,546
Becker Allan	$157,108
Becker Marissa	$58,406
Beckstead James E	$138,505
Bedder Phyllis M	$354,737
Bedi Bhupinder	$211,413
Beiko Jason	$276,031
Beldavs Robert A	$1,299,140
Bellan Lorne D	$581,560
Bellas Jonathon	$214,091
Bellisario Tio	$184,101
Bello Ahmed B	$55,315
Benade Elizabeth	$146,279
Benning Harjit S	$1,113,234
Benoit Archie G	$187,474
Benshaban Lamin	$328,863
Benzaglam Ali	$855,460
Berdusco Randa L	$112,245
Bereznay Oliver	$403,943
Bergen Calvin J	$78,857
Bergen Jerry	$265,924
Bergman Amanda D	$221,369
Bergman Elin	$246,148
Bermack Barry A	$370,050
Bernier Mark	$731,306
Bernstein Charles N	$580,441
Bernstein Keevin	$264,139
Berrington Neil R	$412,192
Beshara Eren I A	$290,080
Best Raina L	$395,192
Bhangoo Sandip S	$97,831
Bhangu Manpreet	$376,715
Bhanot Pradeep	$100,028
Bhayana Rajinder	$346,243
Bhayana Renu	$344,131
Bhuiyan Nazmun N	$450,699
Bhullar Rick S	$946,643
Biala Barbara	$467,606
Bialy Peter C	$382,536
Billinkoff Errol N	$420,775
Bilos Richard J	$119,677
Birk Patricia	$211,353
Birt Douglas	$138,192
Bishay Wagdy	$449,229
Bisson Joanne	$84,602
Bissonnette Arcel	$412,091
Black Denise R	$126,092
Black G Brian	$160,064
Blackie Karen M	$62,248
Blais Ashley	$245,453
Blakley Brian W	$177,277
Blampy Janice R	$137,120
Blom Lourens J	$83,085
Blouw Erika R	$197,575
Blouw Marcus R	$219,357
Blouw Richard H	$363,623
Blyth Scott	$325,859
Bock Gerhard W	$786,895
Bodnarchuk Tavis R	$327,575
Boguski Gregory	$103,176
Bohm Clara J	$248,971
Bohm Eric R	$413,613
Bohn James A	$545,758
Boktor Hanan	$221,472
Bolton David R	$351,149
Bolton James M S	$91,634
Boman Jonathan	$280,719
Book Brian H	$112,415
Bookatz Brian J	$333,576
Booth Frances	$107,598
Booth Steven A	$585,033
Booy Harold	$224,025
Borkowsky Kent	$102,933
Boroditsky Lila M	$122,064
Boroditsky Mark	$419,679
Boroditsky Michael L	$457,449
Boroditsky Richard S	$105,564
Borrett George F	$281,231
Borys Andrew E	$396,819
Botha Adriana	$191,331
Botha Daniel	$200,370
Botkin Alexis A	$68,682
Botkin Colin D	$261,785
Bourdon Nelson	$120,663
Bourque Christoph	$343,838
Boustcha Elizabeth	$133,469
Bovell Frank M	$363,484
Bovino Mario	$50,965
Bow Eric	$128,591
Bower Tenley N	$983,755
Bowman M Nancy	$159,697
Boyd April J	$514,844
Bracken John H	$447,766
Brackenreed Nolan	$294,472
Bradley Barry D	$125,001
Bradshaw Candace D	$307,715
Brandes Lorne J	$80,716
Brar Adarshdip	$163,045
Brar Balraj S	$64,902
Brar Kanwaljit	$300,138
Braun Erwin A	$240,423
Braun Jeanelle	$128,806
Braun Karen Y	$231,462
Breckman David K	$424,803
Breckman Gillian L	$268,796
Bretecher Gilbert J	$564,223
Brett Matthew J	$232,657
Brinkman Ryan J	$388,708
Brinkman Shauna	$254,170
Bristow Kristin	$127,961
Britton Ashley	$112,184
Broda Russell J	$107,144
Brodovsky Stephen C	$757,816
Brooker Gary M[2]	$412,903
Brown Heather J	$99,679
Brown Robert	$319,089
Brownell Laurence	$177,610
Bruce Kelsey	$73,193
Bruneau Michel R	$476,951
Bshouty Zoheir	$216,486
Buchel Edward W	$1,179,001
Buchel Tamara L	$148,516
Buchik Glenda M	$141,540
Budolowski Bradley A	$57,548
Buduhan Gordon	$475,553
Bueddefeld H Dieter	$417,028
Buenafe Jay	$539,221
Bueti Giuseppe[3]	$764,584
Buffie Jared	$62,884
Buffie Tyler	$232,500
Buffo Sequeira Ilan	$229,570
Bullard Jared	$99,267
Bullen Sandra A	$122,425
Bullock Pries Karen R	$71,803
Bunge Martin K[2]	$711,253
Burnell Colin D C	$565,595
Burnet Neil M	$444,537
Burnett C J	$265,663
Burnett Clinton J	$208,036
Burnett Mairi	$274,948
Burnett Margaret	$183,363
Burnette David M	$628,596
Burtch Danielle	$55,675
Burym Craig J	$501,068
Butler James B	$323,037
Butler Nicolaas	$452,291
Butterworth Gary S	$51,305
Bychkivska Yaryna	$189,671
Bykova Elena	$127,865

Bynkoski Stacey A	$285,829
Bzura Thomas J	$267,175
Calderon-Grande Henry	$272,318
Calin Dana N	$241,352
Camoriano Nolas Gerardo	$761,799
Campbell Barry	$227,251
Campbell Garth	$113,260
Campbell Neil	$152,834
Canadas Luis A	$160,445
Caners Dennis T	$649,368
Caners Theo	$120,206
Cannon John E	$250,216
Canteenwala Sohrab	$57,173
Cantor Michael J	$509,191
Caplan Aubrey H	$217,433
Caplan Deborah C	$276,230
Cappellani Ronald B	$354,986
Carpenter Noah	$347,775
Cartagena Ricardo A	$462,493
Carter Brett	$54,293
Carter Catherine	$70,398
Carter Robin	$377,878
Casey Alan R	$332,693
Cassano-Bailey A[2]	$246,806
Caswell Brent	$148,880
Caswill Melissa E	$75,468
Cattani Lynnsey	$116,465
Cavallo Dianne	$448,331
Cavers Kenneth J	$257,629
Chadwick Mairi M	$654,844
Chakraborty Amiya R	$339,321
Chale Kelly	$71,741
Chaloner Wouna	$67,560
Chan Eng Lyan	$318,711
Chan Laura H	$423,497
Chan Ming Ka	$59,966
Chan Timothy	$141,112
Chapman Leigh	$1,267,106
Chaput Danelle S	$293,701
Chatwin Meghan K	$275,984
Chaze Brian F	$54,411
Chenier Daniel	$66,054
Chenier Patrick	$65,171
Cherian Rachel	$132,873
Chernish Gregory M	$70,385
Cheung Lai-Keung	$125,656
Cheung Paul K-M	$63,286
Chew Darren	$81,438
Chhibba Mani	$87,712
Chin Daniel	$921,528
Chittal Dervla M	$109,463
Cho Patrick A	$767,087
Chochinov Paul H	$332,916
Chodirker Bernard N	$261,451
Chopra Amit	$489,684
Choptiany Robert B	$180,717
Choptiany Thor I	$528,857
Chow Chi Ieng	$357,718
Chow Herman	$140,965
Chow Melina	$87,587
Chowdhury Amitava D	$244,570
Chowdhury Tumul	$341,258
Choy Stephen C	$270,366
Christodoulou Chris C	$351,964
Chubaty Roman A	$492,788
Chudley Albert E	$113,056
Chudley David A A	$93,322
Chumber Manisha S	$250,070
Chung Louis	$290,105
Ciecierski Danuta	$210,877
Cisneros Nestor	$530,085
Clark Ian H	$169,827
Clark Sandra G	$445,157
Clark Tod A	$360,539
Clayden Gerald	$592,060
Cleghorn Scott A	$700,472
Coates Kevin R	$556,273
Cochrane David	$114,608
Cohan Madjid	$64,279
Cohen Barry A	$933,162
Collin Marian B	$236,894
Collison Linda M	$268,992
Condon Amanda J	$53,358
Connelly Peter	$124,825
Connor David D	$834,821
Connor Graham T	$277,503
Consunji-Aranet Raquel	$270,535
Convery Kevin	$401,212
Coodin Michael G	$389,386
Coodin Shalom Z	$91,467
Cooke Andrew L	$143,233
Coombs Jennifer	$344,016
Corbett Caroline	$585,246
Corbett R P	$73,774
Cordova Juan L	$267,433
Cordova Perez Francisco	$163,299
Corne Stephen I	$627,197
Cowden Elizabeth	$211,978
Coyle Stephen J	$287,224
Cram David H	$754,476
Cranston Meghan E	$374,891
Craton Neil	$165,038
Crawford David	$240,921
Cristante Loris	$1,455,880
Crockett Maryanne	$88,023
Cronin Robert J	$86,801
Crosby Jason A	$622,655
Cross Robert	$263,242
Crust Louis J	$86,130
Cummings Michael L	$378,622
Cuvelier Geoffrey	$73,928
Cuvelier Susan L	$106,814
Czaplinski Jolanta E	$94,414
Czaplinski Kazimierz	$304,001
Czaplinski Peter R	$201,218
Czarnecka Monika M	$241,787
Czarnecki Wlodzimie	$483,375
Czaykowski Piotr M	$195,868
D'Mello Andrea	$74,586
Da Silva Laurindo	$416,846
Daeninck Paul J	$181,508
Dakshinamurti Sowmya	$295,370
Dalgliesh Blair C	$60,929
Dalling Gordon N	$241,447
Dandekar Anand S	$493,685
Dandekar Masumi S	$202,537
Dang Tai Huu	$257,984
Dangerfield Aran L	$57,360
Daniels Valsa	$140,483
Darczewski Irena	$326,515
Darnbrough Andrea L	$364,694
Dart Allison B	$101,892
Dascal Mario A	$584,811
Dashefsky Sidney M[2]	$551,642
David Mirla F	$104,535
Davidson J Michael[2]	$5,364,853
Davis Michael O	$476,537
Davison Peter G	$78,339
Dawe David E	$148,770
Dawe J Philip	$72,273
Dawood Saif N A	$268,882
Day Marilyn H	$62,287
Daya Jayesh J	$467,156
Daymont Carrie B	$111,381
De Blonde Riley T	$212,647
De Gussem Els Maria	$119,153
De Jager Johannes	$117,966
De Korompay Victor	$160,860
De Moissac Paul C	$393,446
De Moissac Pierre	$76,557
De Muelenaere Phillip	$1,188,803
De Rocquigny Andre J	$672,854
De Wit Simon L	$693,601
Dean Erin C	$463,434
Debnath Pranab K	$84,007
Debrouwere Roland G	$397,718
Decock Candace	$134,021
Decter Diarmuid	$485,984
Dekoninck Theresa	$77,428
Demsas Habtu	$389,093
Denis James P	$422,912
Deonarine Linda	$453,401
Deong Jean Pui	$325,000
Derendorf Bradley K	$129,311
Derzko Lydia A	$136,133
Desilets Nichelle	$134,232
Desmarais G P	$144,777
Desmond Gerard H	$395,922
Deutscher Raymond	$222,886
Dhala Aly	$192,241
Dhaliwal Harbhajan	$102,312
Dhaliwal Jamit S	$532,959
Dhaliwal Rumeet	$93,111
Dhaliwal Surinder	$289,935
Dhalla Sonny S	$1,469,131
Dhanjal Permjeet	$237,814
Dharamsi Nafisa	$110,995
Dhindsa Navjot	$53,580
Diamond Heather D	$317,002
Dibrov Alexander	$86,965
Dillon J David	$315,345
Dillon Lisa G	$118,325
Dillon Tanya	$91,408
Din Shamoon	$470,328
Diocee Rupinder	$81,131
Dionne Claire	$409,916
Dirks Jacquelyn	$229,548
Dissanayake Dilani	$281,867
Dixon Nancy L	$234,087
Dizon Aquilino	$94,945
Do Kiet M	$107,184
Doak Greg J	$217,069
Doan Quy	$233,656
Docking Leanne M	$321,382
Doerr Jeffrey J	$369,176
Dolynchuk Kenneth N	$313,104
Dominique Francis	$236,243
Domke Heather	$340,021
Domke Sheila	$282,852
Donnelly John P	$51,686
Dookeran Ravi	$2,039,022
Dornn Bruce	$236,707
Dow Nathan W	$281,572
Dowhanik Monica A	$119,529
Dowhanik Paul B J	$88,999
Downs A Craig	$401,769
Doyle John	$83,251
Drachenberg Darrel E	$739,400
Drain Brighid	$134,676
Dressler Gerald R	$73,895
Drew Elizabeth	$65,476
Drewniak Anna	$170,283
Drexler Jaroslav	$536,531
Dreyer C	$63,234
Driedger Janelle	$99,233
Drobot Glen R	$125,413
Du Guoyan	$113,616
Du Plessis Marlie M	$123,975
Du Plooy Johan	$325,252

Du Preez Joachim	$145,070
Du Toit Linda L	$148,312
Dubberley James	$299,259
Dubey Arbind A	$140,602
Dubois Daniel G	$67,583
Dubyna Dale	$199,840
Ducas Diane A	$194,932
Ducas John	$669,950
Dueck Darrin	$377,079
Dueck Laura J	$137,025
Duerksen Carl	$628,335
Duerksen Donald R	$681,201
Duerksen Kenneth	$88,852
Duerksen Mark T	$368,150
Duff Brian D	$169,045
Duke Peter C	$88,595
Dumatol-Sanchez Jocelyn	$632,497
Duncan Stephen J	$481,671
Dunford Dawn A	$163,393
Dunsmore Sara E	$847,101
Duplak Kamila I	$163,372
Dupont J O[4]	$1,041,547
Dutchyshen Kylie	$61,686
Duval Richard	$200,939
Dyck Gordon H	$587,418
Dyck Michael P	$291,209
Dzikowski Dana Rae	$344,671
Eaglesham Hugh[2]	$2,422,059
Earl Kevin D G	$265,464
Ebbeling-Treon Lori	$277,122
Edward Girgis	$467,750
Egan Mary M	$97,189
Egey-Samu Zsolt	$147,330
Eggertson Doug	$365,147
Eghtedari-Namin Fariba	$217,042
Ehsaei Farhad	$186,242
El-Gaaly Sherief A	$430,465
El-Matary Wael M M	$187,131
Elbardisy Nozahy	$682,874
Elbarouni Basem	$1,100,792
Elcheshen Kimberly	$67,397
Eleff Michael K	$162,328
Elgazzar Reda F	$178,852
Elias Kamelia	$490,211
Elkams Sameh N B	$388,430
Elkhemri A M	$436,356
Elkin Jonathan	$300,396
Elkin Mark S	$385,411
Elliott Jacobi	$276,731
Ellis Michael J	$121,839
Elves Emmett J	$757,339
Emadi Seyed M	$595,748
Embil John M A	$993,146
Embree Joanne E	$95,281
Emery C	$437,646
Emhamed Musbah	$579,421
Eng Stanley	$389,266
Engel Jeff S	$680,014
Engelbrecht Stephanus	$346,194
England Margaret	$401,571
Enns James P	$580,700
Erhard Philippe	$101,775
Eschun Gregg M	$133,619
Eshghi Esfahani Farid	$653,126
Eskandargergies Shokry	$66,052
Eskarous Soad	$543,010
Esmail Amirali M	$459,404
Espenell Ainsley E	$394,473
Esser Clinton M	$69,478
Essig Marco[2]	$923,602
Ethans Karen D	$186,170
Evaniuk Debra A	$151,905
Evans Heather	$110,794
Evans Michele J	$125,899
Ewert Frank J	$256,628
Ewonchuk Marie J	$149,213
Fainman Shane E	$245,711
Falconer Terry	$88,823
Fanella Sergio T	$107,862
Farjalla Tareg G	$56,909
Fast Mallory D	$412,244
Fatoye Adetunji	$172,416
Feasey Kirk	$84,373
Fedorow Christine	$381,227
Feierstein Michele	$215,711
Ferguson David A	$128,238
Fewer Howard D	$91,934
Finlayson Nolan A	$308,953
Finney Brett A G	$316,711
Fiorentino Elisa J F	$114,167
Fisher Morag	$57,135
Fishman Lawrence	$431,713
Fitzgerald Michael	$279,382
Fjeldsted Fredrik H	$418,204
Fleisher Marcia L	$124,421
Fleisher William P	$166,773
Fleming Fiona L	$286,879
Fletcher Colin W	$284,628
Flynn Bryan T	$85,227
Foda A H	$119,248
Foerster David R	$317,375
Fogel Richard B	$126,772
Fontigny Nadine J	$379,945
Forouzandeh Fariba	$250,666
Fotti Chris P	$258,721
Fotti Sarah A	$230,378
Fourie Theo	$474,898
Frame Heather	$301,423
Francois Jose M G	$68,308
Fraser David B	$51,365
Fraser Michael B	$297,280
Frechette Chantal	$182,154
Frechette Marc	$451,910
Frechette Sharon C	$506,902
Frederick Derrick V	$81,143
Fredette Patrick	$351,202
Freedman Jeffrey I	$130,122
Friesen John	$301,272
Friesen Selena	$92,354
Frohlich Arnold M	$468,239
Frosk Patrick D	$148,132
Fung Adrian J	$84,635
Fung Harold[2]	$962,436
Funk Duane J	$252,286
Fuzeta Gastao	$199,796
Gabor Jonathan	$291,967
Gabriel Maila	$120,286
Gacutan Sherwin	$120,969
Galenzoski Kerry J	$77,054
Galessiere Paul F	$651,486
Gall Richard M	$536,401
Gallagher Katherine	$235,227
Garba Sule	$608,534
Garber Lesley	$525,071
Garber Philip J	$270,103
Gard Sherry	$398,339
Garg Manish	$154,978
Gatha Mark S	$146,421
Gauthier Shaun W	$86,224
Gawryluk Marielle	$82,042
Gdih Gdih A M	$1,603,962
Geneve Mustafa	$499,382
George Ronald H	$265,265
Georgi Michelle	$94,056
Gera Rakesh M	$668,094
Gerges Hanan F	$449,744
Gerges Vivian F	$364,376
Gergis Enas S	$312,450
Gergis Nermin Y	$61,211
Gerhold Kerstin	$103,368
Gerstner Thomas V	$511,919
Gertenstein Robyn J	$398,157
Ghalib Muhammad	$249,979
Ghebray Tesfay M	$386,885
Ghebrial Maged S N	$391,133
Ghoneim Mostafa S	$550,731
Ghorpade Nitin	$555,695
Ghrooda Esseddeeg	$508,449
Giannouli Eleni	$689,707
Giesbrecht Dennis R	$109,020
Giesbrecht Johanna E	$205,156
Gilbert Jane	$95,239
Gill Balwinder	$378,727
Gill Daljit	$279,829
Gill Eunice	$364,420
Gill Jagroop S	$489,239
Gillespie Brian	$685,476
Gillespie Jamie L	$260,520
Gillette Aleesha	$229,426
Gillman Lawrence	$155,607
Gillman Mark	$89,138
Gilmore Jonathan	$301,573
Gilroy Nadin C	$80,590
Gingerich Joel R	$192,560
Gingerich Roger	$176,608
Girard John	$356,515
Girgis Hossam E	$380,664
Giuffre Jennifer	$514,971
Glacken Robert P	$314,305
Glazner Kathryn A	$316,073
Glenn David M	$111,769
Glew Wade B	$315,040
Glezerson Graham	$548,344
Glover Pamela G	$92,925
Goeke Fredrick	$297,396
Goerz Paul G	$119,693
Goldberg Aviva	$74,987
Goldberg Norman A	$308,002
Goldenberg David J	$452,810
Goldie Daniela	$198,143
Gomori Andrew J	$331,966
Gonzalez-Pino Fernando	$287,729
Gooi Adrian C	$379,938
Gooi Teong H	$605,090
Goossen Marvin	$831,513
Gorcharan Chandra	$110,873
Gordon Jeremy	$422,312
Gordon Vallerie	$242,283
Goubran Ashraf W[2]	$881,029
Gouda Fayez F	$457,426
Gould Lisa F	$576,790
Goulet Stephen C	$330,170
Govender Prakashen	$352,431
Governo Nelson J	$337,677
Goyal Vishal	$95,844
Goytan Michael J	$1,629,748
Grabowski Janet L	$536,581
Grace Kevin J	$309,970
Graham Chris P	$476,036
Graham Kerr	$477,168
Graham Marjory R	$204,173
Graham Roger	$120,553
Grass Stephen B	$443,308
Gratton Remy-Mart	$265,604
Gray Michael G	$312,064
Greenberg Howard M	$637,733

Greenberg I David[4]	$57,703
Gregoire Scott A	$692,548
Gregoryanz Tatiana	$315,769
Grenier Debjani	$154,275
Greyling Louw D L	$284,113
Griffin Jennifer	$165,957
Griffin Patrick	$230,302
Griggs Gordon B	$238,043
Grimes Ruth B	$306,447
Grobler Wilhelmus	$398,517
Grocott Hilary P	$340,472
Groenewald Louise H	$140,003
Groves Lawrence	$301,957
Grunfeld Alexander	$412,595
Guan Jiayan	$67,454
Gudmundson Catherine	$364,748
Guindi Nizar S	$465,414
Guindy Sherine	$469,349
Gujare Pradip E	$143,255
Gujral Paramjeet	$122,997
Gulati Harleena	$409,207
Gupta Anjali	$290,944
Gupta Chander K	$56,937
Gupta Daya K	$468,398
Gupta Ravi	$602,887
Gururajarao Sudarshan	$82,354
Guzman Randolph	$690,598
Gwozdecki Taras M	$377,671
Haberman Craig J	$320,299
Haggard Gian G	$445,192
Hahlweg Kenneth A	$254,286
Hai Md Abdul	$288,873
Haiart Dominique	$215,081
Haji Salah A	$50,202
Hajidiacos Nicholas	$225,845
Halbrich Michelle	$825,823
Haleis Ahmed R	$364,865
Haligowski David	$303,505
Hall Andrew D	$87,557
Hallatt David	$67,504
Hamam Al Walid	$440,916
Hamedani Ramin	$491,556
Hameed Kazi A	$422,425
Hammell Jennifer	$180,499
Hammond Allan W	$540,740
Hammond Greg W	$293,114
Hancock Betty J	$207,704
Hanlon-Dearman Ana C	$154,852
Hanna Irin	$223,761
Hanna Marni	$559,376
Hanna Nermeen S	$662,380
Harding Gregory E	$696,590
Hardy Brian[2]	$648,409
Hardy Krista M	$353,046
Haresha A	$601,799
Harms Stefan	$435,661
Harrington Michael W	$325,081
Harris Kristin R	$210,241
Harris Patricia	$818,500
Harrison Wayne D[2]	$2,020,254
Hartley Duane M	$404,188
Harwood-Jones Marisa R	$274,458
Hasan Mahmud	$117,327
Hasdan Galit	$246,931
Haseeb Sabiha	$53,930
Hashmi Sajjad	$540,620
Hawaleshka Adrian	$296,009
Hawe Richard D	$380,403
Hayakawa Thomas E	$648,480
Haydey Richard P	$1,228,216
Hayward Jenette F	$253,962
Hayward Rowland J	$667,830
Hebbard Pamela	$428,064
Hechler Peter	$238,239
Hechtenthal Norman	$217,100
Hedden David R	$618,848
Hedden John R	$144,575
Heibesh Suzy G F	$1,183,425
Heidenreich Wolfgang	$131,880
Heinrichs Kristin M	$222,626
Helewa Michael E	$311,063
Helms Johan B	$566,859
Hemsworth Cody C	$72,428
Henderson Blair	$1,232,612
Henderson Crystal	$63,110
Henry Douglas W	$267,526
Henry Stephen F	$101,087
Hercina Chantelle	$214,095
Hershfield Earl S	$72,153
Hiebert Timothy[5]	$51,659
Hiebert Timothy[5]	$110,461
Hildebrand Brenda C	$374,886
Hilderman Lorraine	$228,711
Hildes Ripstein G E	$165,866
Hill Deborah M	$75,938
Hingwala Jay	$755,006
Hitchon Carol	$127,567
Hlynka Anthony	$440,606
Ho Juliet	$113,745
Ho Ka Shing	$55,360
Hobson Douglas E	$409,725
Hochman David J	$713,464
Hochman Jordan	$356,867
Hochman Michael	$307,091
Hohl C M	$164,303
Holder Fryderyk	$367,057
Holland-Muter Elizabeth	$217,699
Holmes Carol	$151,919
Holmes John	$274,981
Holroyd Douglas	$73,774
Holyk Brenda	$73,064
Homik Lawrence	$916,434
Honiball James J	$522,833
Hooper Davyd	$628,218
Hooper Wendy M	$329,848
Horton Jillian	$109,891
Hosegood Greg	$94,373
Houston Donald S	$119,324
Hoy Conrad S	$151,284
Hoy Gerald J	$161,080
Hoy Murray L	$182,295
Hrabarchuk Blair	$442,034
Huebert David M	$404,774
Huebert Helmut T	$65,568
Hughes Peter	$228,252
Hughes Philip M	$359,353
Humniski Kirstyn L	$95,585
Hunt Daniel A	$197,424
Hunt Jennifer	$420,989
Hunter Christoph	$383,826
Hurd Carmen	$235,223
Hurst Lorne D	$603,364
Husarewycz Marie N	$138,814
Husarewycz Stephen	$330,741
Hutchison Trevor	$242,413
Hutfluss George J	$391,616
Hyman Jeffrey R	$196,353
Hynes Adrian F	$341,003
Ibbitt C J	$228,265
Ilchyna Daniel C	$325,587
Ilnyckyj Alexandra	$411,005
Ilse Werner K	$328,723
Imam Isam E B	$389,877
Inglis Duncan	$518,331
Ingram Peter F	$192,152
Intrater Howard	$769,673
Ip Wang-Chun	$91,358
Iqbal Irum	$481,117
Ireland Wilma	$58,721
Irving Heather	$290,134
Irving James E	$211,612
Isaac Carey	$314,948
Isaacs Robert L	$161,519
Iskander Salah S G	$485,407
Iskander Suzan F	$454,531
Islur Avinash	$460,724
Ismail Ibrahim	$107,271
Israels Sara J	$68,548
Issaivanan Magimaira	$77,951
Itzkow Benjamin	$175,365
Ivey Jeffrey A	$142,071
Jabs Marlis	$64,049
Jackson Andora	$202,381
Jackson John H	$65,885
Jacob Mary V[2]	$1,114,842
Jacob Thomas K	$114,325
Jacob V C	$584,747
Jacobs Johannes	$568,495
Jacobsohn Eric	$157,181
Jaeger Claire	$317,067
Jagdeo Amit	$537,289
Jain Madhuri	$620,024
Jain Narendra	$95,211
Jamal Aleem	$63,504
Jamal Shabana	$179,933
James Joann	$140,296
Jamieson Mary Jane	$69,014
Jamora Earl	$144,813
Janjua Meer M	$176,021
Jansen Van Rens Nicholas	$641,541
Jassal Davinder	$624,719
Jawanda Gurswinde	$98,403
Jayakumar Sethu M	$180,611
Jebamani Samuel	$249,488
Jellicoe Paul	$213,564
Jenkins Keith A	$70,241
Jenkinson Dale	$55,152
Jensen Bruce	$71,898
Jensen Chris W B	$334,239
Jensen Derrek M	$490,775
Jhooty Jason M S	$153,853
Johnson A Wray	$61,166
Johnson Bijai	$387,006
Johnson Charles	$213,144
Johnson Darcy	$681,595
Johnson Eric C	$231,150
Johnson Michael G	$1,071,307
Johnson Robert G	$269,177
Johnston Christine	$89,669
Johnston James B	$179,048
Johnston Janine L	$169,983
Johnston Stephanie	$297,268
Jolin-Dahel Kheira	$118,715
Jones Jodi Lynn	$295,776
Jones Julie	$254,436
Jose Joe M	$236,761
Joshua Julian M	$276,757
Jundi Mohamed G	$378,309
Jovel Ramon E	$245,807
Jowett Andrew G	$383,056
Junaid Asad	$376,150
Jwely Ahmed M	$78,319
Kabani Amin M[1]	$202,880
Kadambi Desikan R	$82,920
Kaderali Zulfiqar	$130,284
Kaethler Wilfried	$351,233
Kahanovitch David	$177,477
Kaita Kelly D E	$581,362
Kakumanu Ankineedu	$206,862

Kaldas Nahed N R	$247,445
Kaler Jagpreet	$70,414
Kalicinsky Chrystyna	$240,555
Kalra Arwin	$73,302
Kalturnyk Blake P	$167,853
Kaminsky Matthew J	$88,434
Kania Jadwiga	$657,787
Kansara Roopesh R	$74,104
Kanwal Jaswinder	$287,625
Kaplan Joel	$226,525
Karlicki Fern	$570,153
Karpinski Martin E	$563,720
Karvelas John	$208,852
Karvelas Lisa M	$75,564
Kashefi Hossein	$371,779
Kashin Robert S	$178,293
Kasper Kenneth D	$316,299
Kass Malek	$992,422
Kassem Wail A	$64,086
Kassier Karl	$808,092
Kassum Shamina	$106,799
Kati Arvind A	$70,570
Katopodis Christina	$221,190
Katz Guido A	$287,920
Katz Laurence	$115,576
Katz Michael D	$490,368
Katz Pamela	$248,047
Katz Philip	$212,941
Kaufmann Anthony M	$217,489
Kaur Bimal	$65,251
Kaushal Ravi Datt	$546,854
Kayler Douglas E	$648,000
Kazina Colin J	$173,500
Kearns Katherine	$165,276
Keddy-Grant Jill	$317,761
Kehler Terence	$88,577
Keijzer Richard	$133,441
Kelleher Barbara E	$155,523
Kelleher Samantha	$343,270
Kellen Philippa	$333,519
Kellen Rodney I	$630,894
Kemkaran Kenneth	$277,160
Kennedy Maureen F	$244,604
Kepron Michael W	$255,262
Kerr Lorraine	$107,463
Kerr Paul D	$381,323
Kesselman Edward	$143,809
Kettner Adrian S	$169,183
Keynan Yoav	$128,557
Khadem Aliasghar	$570,836
Khan Ali H	$510,275
Khan Asmat M	$80,607
Khan Ayaz A	$707,947
Khan Noor M	$454,193
Khan Sadia A	$227,246
Khan Sadiqa J	$391,675
Khanahmadi Shahab	$676,579
Khandelwal Ajai S	$542,316
Khangura Davinder	$450,151
Kharma Nadir	$63,355
Khelil Assil I	$328,960
Khoo Clarence	$588,456
Kiani Kian N	$193,474
Kilada Baher F N	$515,843
Kim Hae Kwang	$307,464
Kim Julian O	$193,913
Kimelman Allen L	$176,814
Kindle Geoffrey	$1,148,387
King Tara D	$135,587
Kinnear David	$384,583
Kinsley David C	$500,503
Kippen James D	$733,434
Kippen Robert N	$355,252
Kirkpatrick Iain D C	$959,083
Kirshner Alla	$358,578
Kish Scott L	$72,629
Kisil Douglas	$52,371
Klaponski Stanka	$153,031
Klar Gregory	$154,227
Klassen Donald H	$273,707
Klassen Larry J	$117,430
Klassen Norma F	$269,861
Klassen Orla R	$164,698
Kliewer Ken	$86,175
Klippenstein Norman L	$856,337
Klippenstein Peter J	$155,161
Kloppers Anton A	$303,397
Kloss Randy	$62,956
Kluke Chris	$74,790
Klym Karen L	$155,428
Knezic Kathy A	$235,883
Koczanski Roman	$153,253
Koenig James K	$290,607
Koensgen Stuart J	$154,827
Kogan Sylvia	$321,406
Koh Clarissa	$210,904
Kohja Abbas Ali	$438,635
Kojori Fatemeh	$56,965
Kolt Alain M	$123,553
Koltek Mark M	$113,758
Komenda Benjamin	$231,692
Komenda Paul V J[3]	$483,897
Kong Anne M C	$205,096
Konrad Gerald P	$73,285
Koodoo Stanley R	$371,466
Kornelsen Victoria	$157,994
Kos Gregory P	$51,970
Kostyk Richard	$58,740
Kotb Rami	$124,036
Kotecha Yatish	$389,698
Koul Rashmi	$169,378
Koulack Joshua	$790,224
Kousonsavath Ratana	$165,145
Koven Sheldon	$57,588
Kovnats Sylvia F	$61,084
Kowalchuk Ivan J	$341,763
Kowalski Stephen E	$203,814
Kowaluk Bruce A	$201,761
Koz Lori G	$219,881
Krahn Curtis	$267,891
Krahn James	$393,727
Krahn Marianne	$95,133
Kramer Matthias	$186,298
Kraut Allen	$107,468
Kremer Steven	$166,462
Kreml John A	$423,597
Kreml Renee Lea	$314,111
Kristjanson Mark	$71,410
Kroeker Lloyd R	$369,890
Kroft Cara D L	$175,587
Krongold Israel J	$254,271
Krongold Penina	$197,885
Kruk Robert D	$538,497
Krzyzaniak Kelly M	$268,180
Kucheravy Michael	$51,026
Kucheravy Tricia	$51,510
Kuegle Peter F X	$371,476
Kulbisky Gordon P	$403,357
Kumar Aparna	$674,972
Kumar Kanwal K	$225,804
Kumar Rajat	$134,756
Kumbharathi Ravi Babu	$226,220
Kuo Brian	$328,315
Kuzenko Nina J L	$299,782
Kwan Judy	$60,856
Kyerematen Doris	$353,677
La Rue Leonard B	$137,364
Lacerte Martina M	$245,315
Lach Lori Ann	$109,398
Lafournaise Carrie L	$256,541
Lage Karen L	$263,258
Lagowski Michael C	$70,626
Lalonde Genevieve	$464,807
Lam David S C	$351,797
Lam Herman P[3]	$852,463
Lam Shirley	$216,399
Lamb Julie A	$76,934
Lamba K S	$222,571
Lambert David A	$319,160
Lambrechts Hugo	$237,557
Lane Eric S	$252,455
Lane Margo A	$113,284
Langan John T	$407,609
Langenberger Michael	$96,049
Langridge James K	$332,758
Lapierre Harry J R	$205,365
Large Gregory	$297,422
Larouche Patricia	$174,888
Lau Yan	$593,195
Laurencelle Richard	$62,049
Lautenschlager Earl	$85,588
Lautenschlager Jessica	$56,410
Lavallee Barry	$168,144
Law Jaimie R	$177,432
Lawrence Patrick H	$116,583
Laxton J T W	$191,371
Lazar Matthew H	$334,871
Lazareck Samuel L	$162,545
Lazarus Arie	$383,674
Le Wilson	$98,617
Leader Eric	$74,282
Lebedin Walter W	$326,292
Lecuyer Nadine S	$147,113
Lee Bonnie D	$63,275
Lee Cindy H Y	$185,958
Lee Francis F	$307,641
Lee Gilbert Q	$267,104
Lee Harvey B	$365,427
Lee Sandra	$1,054,614
Lee Trevor J	$373,745
Lee Trevor W	$346,753
Lee Vivian K	$758,779
Lee Wilfred	$167,412
Lee-Chen Beverley	$206,009
Lee-Kwen Johnson	$86,966
Lee-Wing Matthew W	$823,686
Leen Desmond A	$71,780
Lefevre Gerald R	$104,365
Lehmann Heather	$126,823
Lei Benny T C	$298,542
Leicht Richard	$2,489,978
Leitao Darren J	$314,312
Lekic P Charles	$130,156
Leloka C Mathabo	$328,300
Lemoine Gabriel J	$124,371
Lemon Kristin	$88,342
Lemon Peter W	$139,293
Lepage Matthew	$126,270
Lerner Neal	$282,491
Lesiuk Thomas P	$104,545
Leslie Howard	$65,788
Leslie Oliver J	$148,360
Leslie William D	$574,073
Letkeman Richard C	$189,902
Leung Edward	$123,757
Leung Shing Louis P	$242,615

Manitoba Health Services Insurance Plan

The Public Sector Compensation Disclosure Act

Schedule of Payments for Fiscal Year Ended March 31, 2016

Levi Clifford	$555,747
Levin Brenda L	$472,005
Levin Daniel P[4]	$87,714
Levin Heather	$373,025
Levin Iwan	$567,891
Levy Shauna B	$250,830
Lewis Anthony B	$215,067
Leylek Ahmet	$261,072
Lezack Jack D	$55,657
Li Gordon J	$145,330
Li Wei	$236,532
Lieberman Dianne K	$299,660
Lim Siok Hoon	$72,067
Lindenschmidt Richard B	$439,041
Lindenschmidt Richard R	$391,290
Lindquist Larry V	$507,133
Lindsay Daniel J[2]	$1,333,007
Lindsay Deborah A	$88,580
Lines Jolyon B	$100,127
Lint Donald W	$160,085
Lipinski Grazyna	$404,621
Lipnowski Stan	$842,342
Lipschitz Jeremy	$876,007
Littleford Judith A	$336,510
Litvinov Alexey	$175,668
Liu Junliang	$242,960
Livingstone Cam	$78,220
Lloyd Alissa J	$908,593
Lloyd David A	$271,796
Lloyd Robert L[2]	$490,114
Lo Evelyn	$187,013
Loader Kenneth R	$239,299
Lobley Jarrett	$94,758
Lockman Leonard E	$541,845
Loepp Christine	$216,230
Loewen Erin D M	$99,842
Loewen Shaun K	$182,653
Loewen Sylvia R	$167,877
Lofgren Sandra R	$142,213
Logan Alison C	$488,860
Logsetty Sarvesh	$105,200
Loiselle Joel A	$221,524
Long Adrian L	$1,118,054
Longstaffe Albert E	$347,943
Longstaffe James	$194,154
Longstaffe Sally	$158,039
Lopez Gerald	$77,017
Lopez Mirtha I	$84,717
Lopez Gardner Leonora L	$182,461
Lorteau Gilles	$75,505
Lotocki Robert J	$365,501
Loudon Michael	$543,045
Love Howard W	$54,654
Lowden Cameron S	$437,541
Lu Paul B	$212,768
Lucman Tahir S	$504,408
Lucy Simon	$374,340
Ludwig Louis	$282,295
Ludwig Sora M	$311,267
Luk Tse Li	$311,019
Lukie Brian J	$461,925
Lulashnyk Ben J	$414,896
Lum Min Suyin	$232,827
Luong Erica K Y	$268,540
Lynch Joanna M	$81,816
Lyons Edward A[2]	$714,490
Lysack David A	$965,904
Mabin Deborah	$1,018,547
MacDiarmid Andrew L	$222,051
MacDonald Peter	$472,749
MacDougall Brendan	$200,323
MacDougall Eleanor	$209,250
MacDougall Grant	$578,161
MacEachern Norman A	$299,185
Macek Ralf K W	$244,230
Macintosh Ethel L	$471,264
Mackalski Barbara A	$495,425
MacKay Michael J	$200,975
MacKenzie G Scott	$514,606
Macklem Alan K	$429,091
MacLeod Bruce A	$325,578
MacMahon Ross G	$271,996
MacMillan Michael B	$413,573
MacNair Tracy L	$994,235
Madison Adena M	$427,244
Magarrell Cynthia	$106,731
Maguire Doug	$433,742
Maharaj Ian G	$403,119
Maharajh Dave A	$296,261
Mahay Aric	$341,528
Mahay Raj K	$606,995
Mahdi Tahseen	$393,620
Mahmoudi Minoo	$99,403
Maier Joanne C	$218,477
Maiti Soubhik	$492,608
Major Paul A	$71,559
Maksymiuk Andrew W	$247,944
Maksymowicz Anet	$260,430
Malabanan Edilberto	$530,512
Malek-Marzban Peiman	$996,966
Malekalkalami Azadeh	$110,688
Malik Abid I	$304,967
Malik Amrit	$459,588
Malik Bittoo S	$1,094,624
Malik Rajnish N	$608,158
Malmstrom Jennifer	$109,834
Malo Steven	$164,897
Mammen Thomas	$481,191
Man Ada W Y	$142,619
Mancini Enrico V	$146,386
Manishen Wayne J	$430,296
Manness Robert C	$222,038
Mansfield John F	$361,498
Mansour Hany M S	$231,645
Mansouri Behzad	$1,135,462
Manusow David	$359,096
Marah Muhaned	$148,624
Marais Francois	$442,407
Marantz Jeffrey[2]	$1,229,727
Mare Abraham C	$384,731
Marin Samantha	$67,657
Marks Seth D	$158,698
Marles Sandra L	$90,442
Marriott James J	$138,270
Marsh David W	$194,686
Marsh Jonathan	$422,077
Marshall Ken	$61,432
Marshall Michele	$92,910
Martens David B	$323,418
Martens M Dawn[2]	$3,826,206
Martens-Barnes Carolyn	$166,628
Martin Daniel	$225,212
Martin David	$402,317
Martinez Eddsel R	$383,136
Maslow Kenny D	$640,638
Masoud Ibitsam A	$362,316
Mathen Mathen K	$1,320,018
Mathew George	$511,321
Mathieson Angela L	$384,668
Mathison Trina L	$267,661
Matsubara Timothy K	$328,567
Matthews Chris M	$243,086
Matthews Nicola	$204,740
Maxin Robert	$205,102
Mayba Ihor I	$62,064
Mayba John I	$987,011
Maycher Bruce W[2]	$1,349,516
Mazek Fawzi R E	$816,924
Mazhari Ravesh Amir H	$581,804
Mazur Stephen	$189,549
McCammon Richard J	$119,230
McCannell Melanie G	$237,387
McCarthy Brendan G	$395,439
McCarthy Gerard F	$340,551
McCarthy Timothy G	$636,453
McClarty Blake M[2]	$1,419,172
McCrae Heather	$131,335
McCrea Kristin	$366,290
McDonald Heather D	$351,128
McDonald Patrick J	$120,751
McFadden L R	$426,545
McFee Colin D	$60,839
McGill Dustin	$165,533
McGinn Greg[2]	$1,649,321
McGregor Jyoti M	$217,485
McGregor Thomas B	$403,477
McIntyre Ian L	$252,327
McIntyre Ian W	$453,892
McKay Michael A	$349,968
McKenzie Thomas	$62,305
McLeod Jaret K	$120,038
McLeod Malcolm	$147,121
McMechan Alison	$71,318
McMillan Stewart	$99,450
McNaught Jennifer	$123,840
McNaughton Leslie J	$196,090
McNeill Ann M	$254,991
McPhee James S	$205,852
McPhee Lisa C[2]	$1,715,822
McPherson John A M	$192,211
McTaggart Dawn Lynn	$206,837
McTavish William G	$242,722
Medd Thomas M	$110,864
Meen Eric K	$441,283
Megalli Basali Sherif F	$556,826
Mehrabi Faranak	$826,233
Mehta Asita	$190,951
Mehta P G	$485,952
Mekhail Ashraf	$452,538
Mellon Aaron M	$574,553
Melo Alfaro Lindsey C	$88,635
Memauri Brett F	$654,536
Memon Ghulam	$490,880
Memon Rukhsana	$288,861
Menard Sheila	$293,754
Menkis Alan H	$116,326
Menticoglou Savas	$539,783
Menzies Kara L	$173,969
Menzies Robert J	$544,770
Mercier Nicole	$217,468
Meredith Melanie J	$342,021
Mestdagh B E	$132,205
Mestdagh Robert J	$80,441
Mestito Dao Irene	$68,793
Meyers Michael	$590,898
Meyrowitz David M	$239,569
Meza Vargas Maria S	$471,498
Mhanni Aizeddin	$132,365
Mian Muhammad	$260,296
Micflikier Allan B	$2,036,800
Migally Samir E B	$270,156
Mikhaiel Sameh	$62,405
Mikhail Samy N F	$488,262
Milambiling Ernesto M	$397,114
Milambiling Ligaya C	$215,612
Miller David L	$337,223
Miller Donald M	$479,219
Miller Lisa	$457,622
Miller Tamara L	$336,354

Milligan Brian E	$345,282
Millo Noam Z	$628,648
Milner John F	$571,519
Minders Lodewyk	$457,045
Minhas Kunal K S	$981,025
Mink Steven	$294,771
Mintz Steven L	$104,577
Minuk Darrell	$61,686
Minuk Earl	$317,407
Minuk Gerald	$131,504
Miranda Gilbert	$171,844
Mis Andrew A	$533,799
Miskiewicz Laura M	$167,734
Misra Vasudha	$341,354
Moawad Victor F	$376,053
Moddemann Diane	$257,607
Modirrousta Mandana	$201,613
Moffatt Dana C M	$913,244
Mohamed Mufta A M	$712,164
Mohammed Ahmed M E	$282,981
Mohammed Ismail	$276,988
Moisiuk Sharon E	$69,565
Moller Erika E	$263,304
Moller Liesel	$353,513
Moller Philip R	$717,810
Moltzan Catherine	$331,409
Momoh John T	$247,801
Moncek John A	$142,590
Mongru Padma P	$196,861
Monson Ronald C	$95,960
Monteiro Gerard E	$105,800
Moody Jane K	$222,535
Mooney Owen T	$108,948
Moore Ross F	$325,321
Moosa Alisha	$128,321
Moran De Muller Karen	$605,584
Morham Anthony	$302,447
Morier Gisele S	$140,135
Morris Amanda F	$326,621
Morris Andrew L	$464,138
Morris Glenn S	$246,632
Morris Margaret	$220,417
Morris Melanie	$202,560
Morrow Adrienne	$55,506
Morrow Scott	$50,239
Mottola Jeffrey C[2]	$628,505
Mousavi-Sarsari Seyed-Ami	$347,028
Mouton Robert W	$309,313
Mowchun Leon	$200,369
Mowchun Neil	$279,427
Mshiu Merlyn	$456,822
Muirhead Brian	$273,922
Mukty Mahmuda A	$300,534
Mulhall Dale	$99,329
Mulhall Tom	$66,327
Mulholland Conor P	$165,399
Muller Diederik	$51,093
Muller Delgado Hellmuth	$442,574
Mundle Scott	$64,143
Munsamy G K	$374,690
Murray Garry	$63,840
Murray Gerard G	$85,809
Murray Ken	$507,746
Muruve Gabriel N	$264,736
Mustafa Arjowan	$173,629
Mustapha Shareef F	$262,334
Muthiah Karuppan	$631,581
Mutter Thomas C	$276,609
Myers Renelle L	$374,078
Myhre Joel R	$416,255
Mykytiuk Patricia	$574,647
Mymin David	$52,609
Mysore Muni	$369,614
Nachtigall Harold	$70,749
Nagpaul Saurabh	$83,494
Nagra Sunit	$299,276
Naidoo Jenisa[1]	$32,735,020
Naidoo Shireen P[1]	$7,623,584
Nair Unni K	$241,107
Narasimhan Sowmya	$127,265
Narvey E Bruce	$73,967
Nashed Maged	$183,965
Nasir Mahmood	$51,788
Nason Richard W	$359,419
Nasr Nagwa Y I	$448,775
Nasser-Sharif M	$230,765
Nates Wayne A	$117,368
Naugler Sharon	$202,869
Nause Leanne N	$301,033
Nawrocka Dorota	$165,453
Nazar-Ul-Iman Saiyed	$607,248
Nazmy Ragai M E	$249,542
Nell Antoine M	$584,647
Nelson Michael	$92,316
Nemeth Peter	$385,700
Nepon Jack	$496,381
Nepon Josh	$328,591
Neudorf Matthew	$54,543
Neufeld Donna M	$80,345
Neufeld Gregory M	$99,950
Neufeld Joanna	$57,959
Newman Suzanne	$277,166
Newsham David	$54,898
Ng Marcus C	$362,387
Nguyen Khai M	$313,591
Nguyen Lien	$280,412
Nguyen Minh H	$331,199
Nguyen Tai Van	$375,313
Nguyen Thang N	$336,722
Nicoll Braden J	$67,356
Nigam Rashmi	$673,664
Nijjar Satnam S	$581,150
Niraula Saroj	$102,613
Njionhou Kemeni Marie	$226,613
Nkosi Joel E	$249,694
Nnabuchi Emmanuel	$279,609
Noel Colin	$586,332
Noel Marie L	$67,127
Nolan Meagan D	$238,248
Noseworthy Graham	$133,777
Nostedt Michelle	$216,691
Nugent Linda M	$340,239
Nyomba Balangu L	$169,628
O'Hagan David B	$533,284
O'Keeffe Kieran M	$241,606
Ochonska Margaret	$471,378
Ogaranko C P	$219,941
Okoye Chijioke	$71,788
Old Jason	$354,447
Olin Gerald M	$53,155
Oliver Jered	$93,938
Olivier Erin P	$143,994
Olson Robyn L	$258,394
Olynyk Fred	$174,042
Omelan Craig K	$250,465
Omelan Graeme D	$166,482
Omichinski L Michael	$482,057
Ong Aldrich	$242,573
Ong Bill Y	$454,700
Ong George H	$393,010
Onoferson Ronel R	$63,254
Onotera Rodney T	$198,851
Onyshko Daniel J	$464,981
Opejin Adetola A	$104,896
Ormiston John D	$373,694
Orr Pamela	$91,210
Osagie Ifeoma W	$138,334
Osei-Bonsu Adelaide	$355,401
Osler F Gigi	$227,744
Ota Chidinma	$270,080
Owojori Olagoke B	$378,068
Owusu Nana	$121,109
Pachal Cindy Ann	$248,721
Pacin Alojz	$127,351
Pacin Ondrej	$273,056
Pacin Stefan	$426,470
Padeanu Florin T	$229,354
Padua Rodolfo N	$211,549
Paetkau Don	$209,552
Palatnick Carrie S	$459,887
Pambrun Paul	$113,672
Panaskevich Tatiana	$764,195
Pandey Anil K	$211,870
Pandian Alagarsam	$572,877
Pandurangan Suresh	$89,638
Pang Eileen G	$187,499
Paniak Anita	$64,528
Pannu Fazeelat	$346,184
Papegnies Derek	$93,370
Papetti Selena	$292,869
Paquin Francine	$110,910
Paquin Isabelle	$272,168
Paracha Muhammad	$194,927
Parham Shelley M	$116,043
Park Jason	$450,341
Parker Kenneth R	$343,170
Parker William R	$631,435
Parr Grace E D	$96,055
Partap Nadine A	$141,582
Partridge Gordon	$77,162
Partyka Joseph W	$440,079
Pascoe Edward A	$306,543
Paskvalin Mario	$413,213
Pasterkamp Hans	$91,311
Patel Leena R	$196,868
Patel Praful C	$768,980
Patel Pravin C	$335,247
Patel R C	$475,519
Patel S V	$442,215
Patenaude Amanda F	$675,926
Paterson Corinne R	$284,480
Pathak Kumar A	$569,589
Pather Adashnee	$123,309
Paul James T	$200,148
Paul Niranjan	$570,924
Pauls Ryan J	$379,424
Paulson Charles K	$90,144
Pederson Kristen	$122,604
Peled Elia	$63,428
Pelissier Rosalie	$94,186
Penner Charles G	$174,217
Penner Kurt	$196,681
Penner Stanley B	$279,073
Penrose Michael	$444,451
Pepelassis Dionysios	$156,211
Percy Vanessa J	$54,313
Peretz David	$718,536
Perl Eytan J	$161,505
Perlov Jack	$280,855
Permack Sheldon M	$298,202
Pernarowski Katherine	$403,931
Perrett Mark	$84,361
Perry Daryl I	$371,236
Peschken Christine	$147,996
Pesun Igor J	$57,942
Peterdy Anne E[4]	$396,587

Peters Brian	$582,601
Peters Harold O	$145,695
Peters Hein	$377,582
Peters Ruth	$189,785
Petrilli Lori A	$74,597
Pfeifer Leia	$61,755
Phillips Michael L	$277,885
Pickard Kathleen	$128,099
Pickering Christine	$386,242
Pieterse Wickus	$556,784
Pilat Edward J	$178,830
Pilkey Bradley D	$639,666
Pillay P G	$403,779
Pinder Michael	$265,032
Pinder Tracy	$51,667
Pinette Gilles D	$741,116
Pinniger Gregory W	$272,821
Pinsk Maury N	$71,442
Pintin-Quezada Julio	$370,154
Pio Anton	$492,099
Pirzada Munir A	$371,931
Pitz Marshall	$129,901
Plester Jennifer	$96,718
Plewes Michael E	$398,479
Plueschow Michael	$52,514
Poettcker Robert J	$369,530
Polimeni Christine	$166,047
Poliquin Philippe	$70,065
Pollock Bradley	$604,108
Ponnampalam Arjuna[1]	$109,857
Poon Wayne W C	$268,110
Pooyania Sepideh	$473,490
Popescu Andra D	$85,438
Popoff Daryl	$250,537
Popowich Shaundra	$235,108
Porath Nicole	$194,257
Porhownik Nancy R	$342,026
Porteous Lindsay R	$94,651
Possia Curtis	$53,760
Postl Brian	$102,301
Poulin Ginette R	$73,387
Pozeg Zlatko I	$606,967
Prasad Benjamin	$310,639
Preachuk Chris T J	$1,846,374
Prematilake Suraj P	$374,286
Prenovault Jean	$490,148
Pretorius Alexander	$242,175
Pretorius Luzelle L	$95,969
Price James	$279,584
Prinsloo Jochemus	$403,121
Prober Mark Alan	$224,796
Prodan Orest	$104,318
Prud'Homme Shannon	$55,463
Psooy Karen J	$130,804
Puar Ripneet	$71,243
Punter Fiona	$355,189
Putnins Charles	$121,561
Puttaert Douglas	$176,696
Pylypjuk Christy L	$257,044
Pymar Helen C	$305,471
Qadir Munir	$240,715
Quesada Ricardo	$346,385
Quon Harvey C	$214,542
Qureshi Bilquis	$97,140
Qureshi Rizwan	$315,861
Raabe Michael A	$520,418
Raban Roshan	$429,938
Rabson John L R	$1,202,171
Racette Therese	$101,439
Radawiec Jocelyn	$65,306
Radulovic Dejana	$755,966
Rae Peter E	$77,525
Rafay Mubeen F	$145,271
Raghavendran S	$364,522
Rahimi Eiman	$85,216
Rahman Jennifer	$788,084
Rahman Mujibur	$247,681
Raimondi Christina	$107,879
Rajamohan Raja R	$554,833
Rajani Kantilal	$486,147
Ramadan Abdul N	$334,994
Ramgoolam Rajen	$431,210
Ramsay James A	$131,857
Ramsey Clare D	$208,068
Randolph Jeanne L	$76,333
Randunne Avanthi	$662,476
Randunne Ayodya S	$567,194
Rasskazoff Serge	$278,504
Ratwatte Shirantha	$280,699
Raubenheimer Johann P	$578,650
Rauch Johan F	$725,940
Ravandi Amir	$716,825
Raza Irfan	$541,882
Recksiedler Carmen	$134,599
Rehal Ranjodh S	$330,360
Rehsia Davinder	$711,136
Rehsia Navneet S	$483,790
Rehsia Sabeer S	$410,194
Rehsia Sach I	$228,100
Reid Gregory J	$336,268
Reimer Darren K	$237,680
Reimer David J	$539,958
Reimer Heinz	$262,925
Reimer Murray B	$268,835
Reinecke Marina	$135,401
Reinhorn Martin	$89,649
Rempel Regina R	$188,924
Reslerova Martina	$462,462
Reyneke Annemie	$392,458
Reynolds James L	$331,732
Reynolds Jody J[2]	$1,437,583
Rezazadeh Shadi	$345,469
Rhoma Salahalde	$644,534
Rice Patrick	$279,701
Rich Alan D	$279,003
Richardson Cindy J	$418,912
Riche Barry[3]	$583,077
Ridah Dekrayat	$137,063
Riese Nichole	$75,127
Rigatto Claudio	$361,487
Rimmer Emily K	$102,860
Ring Heather	$375,306
Ringaert Ken	$189,104
Ritchie Brian A	$312,169
Ritchie Janet	$296,052
Rivard Justin D	$394,218
Rizk Abdalla M	$360,952
Roberts Janet R	$314,032
Roberts Kris A	$233,073
Robillard Susan C	$200,894
Robinson C Corrine	$290,486
Robinson Christine	$224,462
Robinson David B	$271,186
Robinson Debbie J	$591,954
Robinson Gillian	$91,739
Robinson James	$559,434
Robinson Wesley K	$394,874
Rocha Guillermo	$1,236,319
Roche Gavin	$327,802
Rodd Celia J	$120,349
Rodriguez Leyva Delfin	$322,261
Rodriguez Marre Ildegul	$398,866
Roe Bruce E	$144,460
Roets Willem G	$309,355
Rogozinska Ludwika	$352,432
Rohald Pam	$438,865
Rolls Rodney E	$66,304
Roman Manal	$388,865
Roman Nader	$373,050
Ronald Suzanne D	$95,633
Rosario Rosa	$95,341
Rosenblat Kara	$68,293
Rosenthal Peter	$221,919
Rosner Bruce	$73,833
Ross F Kath	$246,090
Ross Frederick	$72,611
Ross James F	$838,523
Ross Jay J	$210,544
Ross Lonny L	$271,974
Ross Timothy K	$367,698
Rothova Anna	$360,348
Roussin Brent C	$293,268
Roux Jan G	$275,686
Rowe Richard C	$213,616
Roy Danielle	$356,133
Roy Maurice J	$254,845
Ruddock Deanne L	$207,826
Rumbolt Brian R	$387,879
Rusen Jack B	$371,103
Rusen Sara M	$78,144
Rush David N	$178,502
Rush Nene O S	$50,060
Russell Samantha	$165,307
Rust Gordon	$94,017
Rust Len	$165,965
Rutherford Maegan M	$108,669
Ryall Lorne A	$107,838
Ryz Krista S	$570,734
Saad Vera N	$143,682
Saadia Roger	$152,640
Saadia Vivien	$211,067
Sabapathi Karthik	$322,020
Sabeski Lynne M	$437,810
Sadeddin Rola	$57,657
Saffari Hamideh	$195,288
Saint-Hilaire Melanie	$119,773
Sakla Mary S S	$403,956
Sala Tanya N	$164,881
Salamon Elizabeth	$835,934
Salem Fayez	$688,849
Salib Wagdi W M	$344,933
Salman Michael S	$93,610
Saltel Marc E J	$257,369
Salter Jennifer	$236,138
Sallar-Oliver Belynda A	$149,899
San Angela	$598,647
Sam Diana	$228,759
Samborski Cory	$85,046
Sami Sahar	$253,510
Samoil Mary F S	$337,117
Samuels Lewis	$522,072
Sanders Robert W	$186,632
Sandhu Kernjeet	$109,939
Sandhu Sukhbir S	$570,959
Santdasani Sanjay K	$331,672
Santos Sylvia	$175,676
Saran Kanwal D	$193,763
Saranchuk Jeffery W	$479,524
Sareen Jitender	$128,917
Sareen Sanjay	$441,700
Sarlas Evangelos	$213,892
Sas Alyson P	$84,102
Sasse Sara G	$327,576
Sathianathan Christie	$848,140
Saunders Kevin	$222,607
Savage Bonita	$280,148
Sawchuk Jason P	$79,504
Sawyer Jeremy A	$408,819
Sawyer Scott K	$103,384

Scatliff Robert M	$123,581
Schacter Brent A	$104,498
Schacter Gasha I	$74,475
Schaeffer D	$68,728
Schaffer Stephen A	$127,162
Schantz Daryl	$226,756
Schellenberg John D	$245,432
Schellenberg Kerri L	$188,454
Schellenberg William C	$243,614
Schifke Bret K	$231,457
Schifke William G	$234,322
Schledewitz I L	$61,577
Schmidt Brian J	$151,973
Schmidt Daphne	$58,696
Schneider Carol E	$370,228
Schneider Christoph	$219,480
Schoeman Adi Mari	$94,438
Schroeder Alvin N	$312,680
Schur Natalie K	$388,244
Schutt Vivian A	$122,075
Schwartz Leonard D	$411,065
Scott Jason	$646,524
Scott Kristen	$181,953
Scott Sara	$166,731
Seager Mary Jane	$445,325
Sefidgar Mehdi	$375,839
Seftel Matthew D	$53,055
Segstro Ronald J	$153,368
Seifer Colette M	$475,746
Seitz Andrew R	$268,176
Selaman Mustafa H	$124,910
Sellers Elizabeth	$83,595
Semus Michael J	$210,775
Sen Robin	$202,815
Sethi Krishan	$204,739
Sethi Subash	$240,794
Sewell Gary	$168,169
Sexton Laura A	$92,187
Shah Bharat	$370,201
Shah Pallav J	$645,586
Shahzad Seema	$480,686
Shaikh Nasir	$522,347
Shaker Marian	$381,642
Shane Marvin	$484,655
Shapiro Sean M	$74,597
Shariati Majid	$430,997
Shariff Tahara J	$267,501
Sharkey James B	$441,996
Sharma Aditya	$140,617
Sharma Anish	$97,494
Sharma Atul	$100,722
Sharma Savita	$85,896
Shatsky Morley	$497,756
Shell Melanie	$342,790
Shelton Nadine H	$57,523
Shelton Paul A	$190,337
Shenoda Kamal L M	$462,075
Shenouda Mervat	$342,432
Shenouda Phebe F S	$310,820
Shepertycky Martha R	$694,981
Sheps Daniel J	$246,018
Sheps Michael D	$915,546
Sherbo Ehren	$113,704
Shiffman Frank H	$435,528
Shokri Mohammad	$507,950
Shoukry Sahar	$250,690
Shuckett Paul	$203,872
Shumsky David	$131,422
Shunmugam Ravendren	$1,115,645
Sickert Helga G	$192,298
Sidarous Amal M	$464,474
Siddiqui Faisal S	$227,318
Sidhom Cherine R	$584,236
Sidhu Gurveen K	$295,159
Sidra Gerges Maged E	$301,082
Sigurdson Eric	$156,946
Sigurdson Leif John	$1,149,680
Sikora Felix J	$366,115
Silagy Stewart	$757,603
Silha Josef	$1,390,249
Silhova Dasa	$179,201
Silvaggio Joseph	$199,902
Silver Carla D	$272,530
Silver Norman A	$403,888
Silver Shane	$1,854,491
Silverman Richard E	$309,273
Simard-Chiu Leslie A	$174,580
Simm James F	$335,251
Simons Frances E	$87,840
Simonsen J Neil	$121,722
Simonson Don W	$115,613
Sin Tra	$204,582
Singal Rohit K	$302,811
Singer Marilyn	$109,000
Singh Amarjit	$255,721
Singh Gurbalbir	$472,561
Singh Harminder	$379,366
Singh Mohinder	$120,197
Singh Neal	$121,616
Singh Ramandip	$171,427
Singh Renate G	$108,157
Singh Ricky D	$476,832
Singh Shirin	$97,816
Singh Tajinder	$311,221
Singh-Enns Sonia	$97,029
Sinha Meera	$285,975
Sinha Sachchida	$532,492
Sivananthan Kamalanay	$446,386
Skakum Kurt K	$168,887
Skead Lennard	$579,015
Skinner James T	$62,703
Skrabek Pamela J	$185,190
Skrabek Ryan Q	$594,000
Sloan Gary W	$185,642
Slutchuk Marvin	$269,001
Smal Samuel J	$286,566
Small Elizabeth	$636,072
Small Luke	$94,170
Smil Eva	$298,569
Smith Catherine	$223,498
Smith Heather L	$54,613
Smith John R M	$53,915
Smith Louis F	$683,147
Smith Riley	$270,918
Smith Robert G	$226,506
Smith Roy W	$257,895
Smith Shannon	$165,616
Sneath Jason	$1,557,896
Snovida Lioubov	$270,862
Sochocki Michael P	$320,515
Sodhi Vijay K	$612,392
Soliman Ayman S M	$76,632
Soliman Magdi F L	$746,866
Sommer Hillel M	$353,693
Soni Anita	$478,824
Soni Nandini R	$356,158
Sookermany Natasha	$98,323
Sookhoo Siuchan	$670,315
Soufi Jillali	$52,990
Speer Margaret	$374,650
Srinathan Sadesh K	$380,218
St Goddard Jennifer	$144,387
St John Philip D	$256,751
St Vincent Anthony	$269,247
Stanko Lorraine	$461,262
Stefanyshen Grant S	$128,008
Steinberg Robert J	$304,432
Stelzer Jose	$297,421
Stephensen Michael C	$260,725
Stern Sheryl	$116,968
Stevenson Laurel E	$74,842
Stewart Gregory B	$76,883
Stimpson Ross	$111,143
Stitt Alan	$53,252
Stitt Gerald P	$71,898
Stitt Robert L	$76,872
Stitz Marshall	$415,009
Stockl Frank A	$2,084,614
Stoffman Jayson M	$98,460
Stone Jasper D	$161,190
Storoschuk Gregory W	$284,723
Storsley Leroy J	$594,797
Stoski Roxann M[2]	$608,531
Strang David G	$228,344
Stranges Gregory A	$360,885
Strank Roydan K	$299,568
Stroescu Daniela V	$267,198
Stronger Lyle	$338,845
Strumpher Johann	$369,944
Strzelczyk Jacek[2]	$1,670,668
Sud Anil K	$548,739
Suderman Josiah L	$100,454
Sudigala Sushma	$54,579
Sullivan Michael	$75,128
Sullivan Tara	$55,748
Suski Lisa	$51,300
Susser Moses M	$198,197
Sutherland Donna E	$302,158
Sutherland Eric N	$474,656
Sutherland Ian Scott	$163,708
Sutherland James G	$259,977
Sutherland John B	$58,386
Sutter Joan A	$269,266
Sutton Ian R	$539,313
Swain Kristina	$144,534
Swartz Jo S	$93,013
Swenarchuk Gregory	$75,303
Symchych Mark	$71,088
Szajkowski Stanley	$205,861
Szajkowski Terrence	$297,823
Szwajcer David	$134,496
T Jong Geert W	$136,959
Tadrous Jacquelin	$228,280
Tagin Mohamed A	$87,322
Tam James W	$507,062
Tamayo Mendoza Jesus	$415,208
Tan Edward	$343,253
Tan Lawrence	$519,077
Tan Stephanie	$103,530
Tang-Wai Robert	$341,464
Tangri Navdeep	$292,918
Tapper Jason A	$660,616
Taraska Victoria	$801,436
Taraska Vincent A	$862,692
Targownik Laura E	$313,230
Tariq Muhammad	$310,839
Tassi Hisham	$139,697
Tawadros Elrahe George	$386,732
Tawfik Viola L	$309,043
Tawfik Helmy Safaa	$179,278
Taylor Hugh R	$543,257
Taylor Perry D	$76,968
Taylor Susan N	$539,582
Tegg Tyler	$324,758
Tenenbein Marshall	$442,752
Teo Swee L	$260,925

Theodore Gene M	$285,009
Therrien Daniel J	$95,167
Thess Bernard A	$543,051
Thiessen Richard J	$67,070
Thille Suzanne M	$327,098
Thomas Shawn T	$377,989
Thompson Elizabeth	$214,283
Thompson Susan B	$240,181
Thompson Thomas R	$229,806
Thomson Brent R J	$97,406
Thomson Glen T D	$164,149
Thomson Ian R	$127,604
Thorlakson Derek	$156,811
Thorlakson Ian J	$90,884
Thwala Andrea B	$270,780
Timmerman Daniel	$101,822
Tischenko Alexander	$505,849
Tissera Ponsuge A	$792,923
Tisseverasinghe Annaliese	$66,729
Todary Fahmy Yvette	$268,116
Toews Karen A	$316,066
Toews Matthew E	$174,384
Tole Gerald D	$63,949
Toleva Olga I	$686,981
Tomy Kerri	$151,536
Toole John W P	$659,818
Toth Janos M	$54,644
Townsend Benjamin	$70,641
Tran Cuc P	$412,857
Trepel Simon	$82,171
Trinh Hang	$174,602
Tsang Dominic	$375,591
Tsang James F	$620,126
Tsang Mae Tina	$278,702
Tsang Susan T	$58,241
Tse Wai Ching	$132,404
Tsuyuki Sean H[2]	$1,956,461
Tufescu Ted	$543,069
Tulloch Heather V	$197,249
Tung Taranjit	$455,017
Tunovic Edin	$289,241
Turabian B Michael	$452,893
Turgeon Thomas	$401,280
Turner Blaire D	$160,334
Turner David R	$89,038
Turner Robert B	$548,201
Turner Trent	$147,364
Ungarian Jillian	$305,599
Unger Jason B A	$215,067
Utko Pawel	$102,905
Uwabor Wisdom O	$85,256
Uys Tharina	$392,618
Uzwyshyn Mira	$141,288
Van Royce	$251,905
Van Alstyne Murray	$552,868
Van Ameyde Kenneth J	$234,508
Van Amstel Leanne L[2]	$372,030
Van Caeseele Paul G[1]	$55,826
Van Dam Averi	$112,338
Van De Velde Rochelle	$311,482
Van Den Heever Jesaja	$520,575
Van Der Byl Gwynneth	$208,951
Van Der Zweep John	$570,341
Van Ineveld Cornelia	$164,510
Van Jaarsveldt Werner	$492,637
Van Niekerk Etienne	$301,135
Van Rensburg C Janse	$441,810
Van Rensburg P D Janse	$518,202
Van Rooyen M Louis	$644,402
Vanderwert Ruwani T	$234,709
Vattheuer Annabel	$97,514
Venditti Marcello	$197,073
Vendramelli Mark P	$144,400
Venkatesan Nithya	$151,395
Venter Dirk J	$139,247
Vergis Ashley	$575,596
Verity Shawn D	$268,193
Verma Mradula R	$513,476
Vernon James	$525,413
Verrelli Mauro[3]	$428,450
Viallet Norbert R	$372,403
Vicari Denise	$85,886
Vickar Eric L	$382,307
Vignudo Silvia	$351,383
Violago Francisco	$154,669
Vipulananthan Manohary	$539,778
Vipulananthan V	$530,803
Visch Shawn H R	$188,758
Visser Gerhardt	$484,517
Vivian Mark A[2]	$693,776
Vlok Nicolaas	$398,783
Vo Minh	$677,633
Vorster Alewyn P	$74,512
Vosoughi Reza	$219,549
Vosters Nicole K	$53,954
Vuksanovic Milos V M	$456,072
Wadhwa Vikram S[2]	$759,596
Wahba Hanna Talaat	$544,981
Wakeman M Stewart	$72,370
Waldman Jeffrey C	$359,420
Walkty Andrew	$124,204
Wallace Sharon E	$399,779
Walters Justin J[3]	$848,550
Walters Leslea A	$337,471
Warden Sarah K	$223,741
Warkentin Ray	$452,248
Warraich Naseer	$475,290
Warraich Navroop	$154,149
Warrian R Keith	$287,740
Warrian William G	$55,956
Warrington Richard	$350,076
Wasef Mervat S	$331,411
Wasef Nagy S	$62,279
Watters Timothy	$197,886
Waye Leon R L	$94,504
Weebedda Upali S K	$63,079
Weihs Ronald	$88,596
Werier Jonathan	$414,057
West Michael	$186,247
White Bruce K	$539,945
White Graham	$82,053
White Sandra	$126,460
White Vaughn P	$75,722
Whittaker Danella	$127,522
Whittaker Elizabeth	$264,654
Wickert Wayne A	$273,530
Wicklow Brandy A	$116,226
Widdifield Hillary E	$125,426
Wiebe Chris J	$124,764
Wiebe Ghita A	$201,473
Wiebe Kevin	$89,346
Wiebe Sandra	$311,043
Wiebe Tannis H	$370,860
Wiens Anthony V	$525,309
Wiens James J	$627,096
Wiens John L	$178,233
Wiesenthal Benjamin	$146,170
Willard Martha Jo	$123,268
Willemse Pieter	$681,824
William Nihad	$168,250
Williams Owen R T	$334,962
Williamson D	$167,056
Williamson Kelvin W	$547,271
Willows Jim R	$489,959
Wilson Gregory P	$408,345
Wilson Murray[2]	$1,966,478
Winistok William	$144,942
Winning Kyle J	$508,768
Winogrodzka Christina	$347,964
Winogrodzki Arthur	$180,395
Winzoski T	$77,029
Wirch M Faye	$187,893
Wirtzfeld Debrah	$283,850
Wiseman Marni C	$1,280,620
Wiseman Nathan	$206,747
Woelk Cornelius	$326,828
Wolfe Kevin B	$566,498
Wolfe Scott A	$398,130
Wong Clint S	$535,026
Wong Harley	$288,714
Wong Ralph P W	$410,510
Wong Simon W C	$105,773
Wong Stephen G	$333,676
Wong Turnly	$380,001
Woo Casey	$426,682
Woo Nobby	$644,334
Woo Vincent C	$768,513
Wourms Vincent P	$411,837
Wuerz Terence	$212,013
Yaffe Clifford	$602,680
Yale Robert	$127,175
Yamamoto Kenneth	$335,040
Yamsuan Marlen	$212,674
Yankovsky Alexei	$375,859
Yanofsky Rochelle	$99,107
Yeung Clement	$358,360
Ying Stephen M	$661,328
Yip Benson	$455,890
Young Brent C	$268,244
Young Jeanne	$159,806
Young R Shawn	$390,727
Youssef Nermeen	$80,260
Yu Adelicia	$641,782
Yuoness Salem A[4]	$870,637
Zabib Nassr A	$201,345
Zabolotny Brent P	$448,459
Zacharias James[3]	$631,590
Zaharia Mark	$56,277
Zahedy Justin C	$96,174
Zaki Amel E	$316,261
Zaki Magdy F	$573,094
Zeiler Fred	$806,252
Zetaruk Merrilee	$60,604
Ziaei Saba Shahnaz	$521,587
Zieroth Shelley R	$182,987
Ziesmann Manfred	$745,653
Zimmer Kenneth W	$443,030
Zimmer Leanne	$113,359
Ziomek Anna M	$269,737
Zohrab-Beik Amir	$307,922
Zoppa Robert	$575,480

Explanatory Notes:

(1) *Director of a private laboratory facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 123-125 for list of facilities).*
(2) *Director of a private radiology facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 125-127 for list of facilities).*
(3) *Billings for dialysis services representing the work of more than one physician. (See page 127 for list of facilities).*
(4) *Director of a nuclear medicine facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 128 for list of facilities).*
(5) *Denotes two separate physicians with same first and last names.*

Laboratory Directors and Facilities

Kabani Amin M

Altona Community Memorial Health Centre
Arborg & District Health Centre
Beausejour Health Centre
Bethesda Hospital - Steinbach
Boissevain Health Centre
Boundary Trails Health Centre - Winkler
Carberry and District Health Centre
Carman Memorial Hospital
Churchill Health Centre
Concordia Hospital
Dauphin Regional Health Centre
Deloraine Health Centre
DeSalaberry District Health Centre - St. Pierre-Jolys
E. M. Crowe Hospital - Eriksdale
Erickson District Health Centre
Flin Flon General Hospital
Gillam Hospital
Glenboro Health Centre
Grace General Hospital
Grandview District Hospital
Hamiota District Health Centre
Health Sciences Centre
Hunter Memorial Hospital - Teulon
Johnson Memorial Hospital - Gimli
Lakeshore General Hospital - Ashern
Leaf Rapids Health Centre
Lorne Memorial Hospital - Swan Lake
Lynn Lake Hospital
Melita Health Centre
Minnedosa Health Centre
Misericordia Health Centre
Morris Hospital

	Neepawa Hospital
	Notre Dame Hospital
	Pinawa Hospital
	Pine Falls Health Complex
	Portage District General Hospital
	Riverdale Health Centre - Rivers
	Roblin District Health Centre
	Rock Lake Health District Hospital - Crystal City
	Rossburn District Health Centre
	Russell Health Centre
	Selkirk & District General Hospital
	Seven Oaks General Hospital
	Seven Regions Health Centre - Gladstone
	Shoal Lake Strathclair Health Centre
	Snow Lake Hospital
	Souris Hospital
	St. Boniface Hospital
	St. Claude Health Centre
	Ste. Anne Hospital
	Ste. Rose District Hospital
	Stonewall and District Health Centre
	Swan Valley Health Centre - Swan River
	The Pas Health Complex
	Thompson General Hospital
	Tiger Hills Health Centre-Treherne
	Tri-Lake Health Centre-Killarney
	Victoria General Hospital
	Virden Health Centre
	Vita & District Health Centre
	Wawanesa Health Centre
	Westman Regional Laboratory Services Inc.
Ponnampalam Arjuna	CancerCare Manitoba - Hematology Laboratory
Naidoo Jenisa	Dynacare (30 Lakewood Boulevard)
	Dynacare (830 King Edward Street)
	Dynacare (790 Sherbrook Street)
Naidoo Shireen P	Unicity Laboratory Services (2200 McPhillips)
	Unicity Laboratory Services (2385 Pembina)
	Unicity Laboratory Services (1020 Lorimer)
	Unicity Laboratory Services (1210 Rothesay Street)
	Unicity Laboratory Services (200 Goulet Street)
	Unicity Laboratory Services (208 Regent Avenue)
	Unicity Laboratory Services (3360 Roblin Blvd)
	Unicity Laboratory Services (343 Tache Avenue)
	Unicity Laboratory Services (355 Ellice Avenue)
	Unicity Laboratory Services (708 Park Avenue East, Beausejour)
	Unicity Laboratory Services (918 Park, Beausejour, Manitoba)
	Unicity Laboratory Services (31-First Street,

Van Caeseele Paul	Beausejour, Manitoba) Cadham Provincial Laboratory

Radiology Directors and Facilities

Avila Flores Francisco	Erickson District Health Centre
	Grandview District Hospital
	Hamiota District Health Centre
	Minnedosa Health Centre
	Neepawa Hospital
	Riverdale Health Centre - Rivers
	Roblin District Health Centre
	Russell Health Centre
	Shoal Lake Strathclair Health Centre
	Ste. Rose District Hospital
	Swan Valley Health Centre - Swan River
Brooker Gary M	Portage District General Hospital
	Seven Regions Health Centre - Gladstone
Bunge Martin K	Health Sciences Centre- Children's Hospital
	Pritchard Farm X-ray Clinic
	Rothesay X-ray Clinic
	Ste. Rose District Hospital
	Transcona X-ray Clinic
Cassano-Bailey Alessandr	Seven Oaks General Hospital
Dashefsky Sidney M	Churchill Health Centre
	Health Sciences Centre
Davidson J Michael	Legacy X-ray Clinic
	Manitoba X-ray Clinic (Concordia)
	Pan Am (WRHA)-Pain Clinic
	Pan Am Clinic (WRHA)
	Pan Am Clinic- Investors Group Field Location
	Pan Am Clinic- MTS Centre location
	Pan Am Clinic X-ray
	Pan Am(WRHA)-Operating Room
	Seven Oaks X-ray Clinic
Eaglesham Hugh	Assiniboine Clinic X-Ray
	Lakewood Medical Centre
	Meadowood X-ray Clinic
	Unicity Laboratory Services SL (1020 Lorimer Boulevard)
	Unicity Laboratory Services SL (355 Ellice Avenue)
	Unicity X-ray (Roblin)
	Winnipeg Clinic
Essig Marco	Health Sciences Centre

Fung Harold	Boissevain Health Centre
	Brandon Regional Health Centre
	Carberry and District Health Centre
	Deloraine Health Centre
	Glenboro Health Centre
	Melita Health Centre
	Souris Hospital
	Tiger Hills Health Centre-Treherne
	Tri-Lake Health Centre-Killarney
	Virden Health Centre
	Wawanesa Health Centre
Goubran Ashraf W	St. Boniface Hospital
Hardy Brian	Health Sciences Centre
Harrison Wayne D	Brandon Clinic Medical Corporation
	Clement Block Laboratory and X-ray Services
Jacob Mary V	C.W. Wiebe Medical Centre
Lindsay Daniel J	Arborg & District Health Centre
	Beausejour Health Centre
	Churchill Health Centre
	Dauphin Regional Health Centre
	E. M. Crowe Hospital - Eriksdale
	Flin Flon General Hospital
	Gillam Hospital
	Hunter Memorial Hospital - Teulon
	Johnson Memorial Hospital - Gimli
	Lac du Bonnet District Health Centre
	Lakeshore General Hospital - Ashern
	Lynn Lake Hospital
	Pinawa Hospital
	Pine Falls Health Complex
	Selkirk & District General Hospital
Lloyd Robert L	Altona Community Memorial Health Centre
	Bethesda Hospital - Steinbach
	Boundary Trails Health Centre - Winkler
	Carman Memorial Hospital
	DeSalaberry District Health Centre - St. Pierre-Jolys
	Lorne Memorial Hospital - Swan Lake
	Morris Hospital
	Notre Dame Hospital
	Portage District General Hospital
	Rock Lake Health District Hospital - Crystal City
	Seven Regions Health Centre - Gladstone
	Ste. Anne Hospital
	Vita & District Health Centre
Lyons Edward A	Beausejour Health Centre
	Maples Surgical Centre
Maycher Bruce W	St. Boniface Hospital
Martens M Dawn	Radiology Consultants of Winnipeg LTD (Grant)
	Radiology Consultants of Winnipeg Medical

	Corporation (Main St)
	Radiology Consultants of Winnipeg Medical Corporation (Pembina)
Marantz Jeffrey	Health Sciences Centre
	Manitoba Clinic
	Mount Carmel Clinic
McClarty Blake M	Pinawa Hospital
	Pine Falls Health Complex
	St. Boniface Hospital
McGinn Greg	Manitoba X-ray Clinic (Tache)
McPhee Lisa C	Manitoba X-ray Clinc (Henderson)
	Manitoba X-ray Clinic (Portage)
Mottola Jeffrey C	Health Sciences Centre
	WRHA MRI Clinic
Reynolds Jody J	Deer Lodge Centre
	Grace General Hospital
Stoski Roxann M	Concordia Hospital
Strzelczyk Jacek	Deer Lodge Centre
	Grace General Hospital
	St. Amant Centre
Tsuyuki Sean H	Misericordia Health Centre
	Riverview Health Centre
	Tache Facilities Limited
Van Amstel Leanne L	Arborg & District Health Centre
Vivian Mark A	Victoria General Hospital
Wilson Murray	Breast Health Centre
	BreastCheck-CancerCare MB (Brandon)
	BreastCheck-CancerCare MB (Wpg)
	Max Clinic LTD
Wadhwa Vikram S	Churchill Health Centre

Dialysis Directors and Facilities

Bueti Giuseppe	HSC Renal Program
Lam Herman P	HSC Central Dialysis Unit
Allan Donald R	Sherbrook Centre Dialysis Unit
Zacharias James	HSC Home Hemodialysis
	Manitoba Local Centres Dialysis Unites
Armstrong Sean	SOGH Renal Program
Komenda Paul V J	SOGH Home Hemodialysis
Verrelli Mauro	SBH Renal Program
	SBH Peritoneal Dialysis
Walters Justin J	SBH Hemodialysis
Riche Barry	Brandon Regional Health Centre Renal Health Program

Nuclear Medicine Directors and Facilities

Dupont J O	Nuclear Medicine Consultants
Greenberg I David	Seven Oaks General Hospital
Peterdy Anne E	St. Boniface Hospital
	Victoria General Hospital
Levin Daniel P	Grace General Hospital
Yuoness Salem A	Brandon Regional Health Centre

APPENDIX I – SUMMARY OF STATUTES RESPONSIBILITY

MINISTER OF HEALTH

THE ANATOMY ACT (A80)
- Provides for the appointment of an Inspector of Anatomy and sub-inspectors.
- Sets out who is entitled to claim a body.
- Regulates what can and cannot be done with bodies that are not claimed.

THE CANCERCARE MANITOBA ACT (C20)
- Creates CancerCare Manitoba and provides it with the authority to deliver programs related to the prevention and treatment of cancer.

THE CHIROPRACTIC ACT (C100)
- Authorizes The Chiropractors' Association to regulate chiropractors in Manitoba.

THE DEFIBRILLATOR PUBLIC ACCESS ACT (D22)
- Allows the designation of public premises required to install publicly accessible defibrillators and establishment of requirements for the testing and maintenance of defibrillators in public premises by the Lieutenant Governor in Council.
- Requires the registration of defibrillators installed in public premises in a registry including their location and notification by the registrar of emergency 911 response services of the location of registered defibrillators.

THE DENTAL ASSOCIATION ACT (D30)
- Allows the Manitoba Dental Association to regulate the practice of dentistry in Manitoba.

THE DENTAL HEALTH WORKERS ACT (D31)
- Allows dental health workers such as dental hygienists to be registered so that they can provide services under *The Dental Health Services Act*.

THE DENTAL HEALTH SERVICES ACT (D33)
- Allows the Minister of Health to make arrangements to provide preventive and treatment dental services to certain persons designated by the Lieutenant Governor in Council. There is currently no program established under this Act.

THE DENTAL HYGIENISTS ACT (D34)
- Authorizes the College of Dental Hygienists to regulate Dental Hygienists.

THE DENTURISTS ACT (D35)
- Authorizes The Denturists Association to regulate denturists in Manitoba.

THE ELDERLY AND INFIRM PERSONS' HOUSING ACT (E20)
(Except with respect to elderly persons' housing units as defined in the Act)
- Governs the establishment of housing accommodation for the elderly or infirm.

THE EMERGENCY MEDICAL RESPONSE AND STRETCHER TRANSPORTATION ACT (E83)
- Regulates the emergency medical response services and personnel and the stretcher transportation services and personnel.

THE HEALTH ADMINISTRATION ACT (H20)
- Provides certain authority for the Minister of Health to appoint senior management and to be an ex-officio member of the board of any health care institution receiving funding from the Department.
- Specifies remedies of government in cases where expenses are incurred but not paid by the person incurring the expense and the expense becomes a liability of government.

THE DISTRICT HEALTH AND SOCIAL SERVICES ACT (H26)
- Governs the establishment and operation of health and social services districts.
- No new health and social services districts have been established since the enactment of *The Regional Health Authorities Act*.

THE HEALTH CARE DIRECTIVES ACT (H27)
- Recognizes that mentally capable individuals have the right to consent or refuse to consent to medical treatment even after they are no longer able to participate in decisions respecting their medical treatment.

THE HEALTH SERVICES ACT (H30)
- Governs the establishment and operation of hospital districts.
- No new hospital districts have been established since the enactment of *The Regional Health Authorities Act*.

THE HEALTH SERVICES INSURANCE ACT (H35)
- Governs the administration of the Manitoba Health Services Insurance Plan in respect of the costs of hospital services, medical services, personal care services and other health services.

Manitoba Health Services Insurance Plan

THE HEARING AID ACT (H38)
- Provides for a Hearing Aid Board to licence hearing aid dealers and deal with complaints.

THE HOSPITALS ACT (H120)
- Relates to the operation of hospitals except for private hospitals.

THE HUMAN TISSUE GIFT ACT (H180)
- Regulates organ and tissue donations in Manitoba.
- Designates "human tissue gift agencies" that are to be notified when a person has died or is about to die.

THE LICENSED PRACTICAL NURSES ACT (L125)
- Authorizes the College of Licensed Practical Nurses of Manitoba to regulate licensed practical nurses.

THE MEDICAL ACT (M90)
- Authorizes the College of Physicians and Surgeons of Manitoba to regulate medical practitioners.

THE MANITOBA MEDICAL ASSOCIATION DUES ACT (M95)
- Requires the payment of dues by members and non-members of the Manitoba Medical Association.

THE MEDICAL LABORATORY TECHNOLOGISTS ACT (M100)
- Authorizes the College of Medical Laboratory Technologists to regulate Medical Laboratory Technologists.

THE MENTAL HEALTH ACT (M110)
(S.M. 1998, c. 36) (except Parts 9 and 10 and clauses 125(l) (i) and (j))
- Governs voluntary and involuntary admission of patients to psychiatric facilities and the treatment of patients in such facilities.
- Governs the appointment and powers of Committees for persons who are not mentally competent.

THE MIDWIFERY ACT (M125)
- Authorizes the College of Midwives of Manitoba to regulate midwives.

THE NATUROPATHIC ACT (N 80)
- Authorizes the Manitoba Naturopathic Association to regulate naturopaths.

THE OCCUPATIONAL THERAPISTS ACT (05)
- Authorizes the Association of Occupational Therapists of Manitoba to regulate occupational therapists.

THE OPTICIANS ACT (060)
- Authorizes The Opticians of Manitoba to regulate opticians.

THE OPTOMETRY ACT (070)
- Authorizes the Manitoba Association of Optometrists to regulate optometrists.

THE PERSONAL HEALTH INFORMATION ACT (P33.5)
- Protects personal health information in the health system in Manitoba.
- Establishes a common set of rules governing the collection, use and disclosure of personal health information that emphasize the protection of the information while ensuring that necessary information is available to provide efficient health services.

THE PHARMACEUTICAL ACT (P60)
- Authorizes the Manitoba Pharmaceutical Association to regulate pharmacists and pharmacies.
- Allows for the establishment and maintenance of a provincial drug formulary.

THE PHYSIOTHERAPISTS ACT (P65)
- Authorizes the College of Physiotherapists of Manitoba to regulate physiotherapists.

THE PODIATRISTS ACT (P93)
- Defines the practice of podiatry and provides for the regulation of the profession.

THE PRESCRIPTION DRUGS COST ASSISTANCE ACT (P115)
- Governs the operation and administration of the provincial drug benefit program.

THE PRIVATE HOSPITALS ACT (P130)
- Governs the licensing and operation of private hospitals.
- There are no private hospitals currently operating in Manitoba.

THE PROTECTION FOR PERSONS IN CARE ACT (P144)
- Requires the mandatory reporting of abuse or potential abuse of patients in hospitals or residents in personal care homes except those who are children or who are vulnerable persons in which case different legislation applies.
- Allows for the investigation of such reports, the giving of ministerial directions for actions to protect patients, or residents, and for the prosecution of offences.

- Provides protection from employment action and from interruption of service for persons who make a report in good faith under the Act.

THE PSYCHOLOGISTS REGISTRATION ACT (P190)

- Authorizes the Psychological Association of Manitoba to regulate psychologists.

THE PUBLIC HEALTH ACT**(P210)

- Provides the powers and authority necessary to support public health programs and to allow for proper enforcement of public health regulations.

**(Excluding the responsibility for Bedding, Upholstered and Stuffed Articles Regulation (Manitoba Regulation (M.R. 78/2004) under *The Public Health Act*, which is assigned to the Minister of Tourism, Culture, Heritage, Sport and Consumer Protection)

THE RADIATION PROTECTION ACT (R5) (unproclaimed)

- Regulates the installation, operation and maintenance of equipment that emits or detects ionizing radiation and permits authorized persons to apply ionizing radiation; and minimizes unnecessary exposure to ionizing radiation and the risk of overexposure

THE REGIONAL HEALTH AUTHORITIES ACT (R34)

- Governs the administration and operation of regional health authorities.

THE REGISTERED DIETITIANS ACT (R39)

- Authorizes the Manitoba Association of Registered Dietitians to regulate registered dietitians.

THE REGISTERED NURSES ACT (R40)

- Authorizes the College of Registered Nurses of Manitoba to regulate registered nurses.

THE REGISTERED PSYCHIATRIC NURSES ACT (R45)

- Authorizes the College of Registered Psychiatric Nurses of Manitoba to regulate registered psychiatric nurses.

THE REGISTERED RESPIRATORY THERAPISTS ACT (R115)

- Authorizes the Manitoba Association of Registered Respiratory Therapists to regulate respiratory therapists.

THE REGULATED HEALTH PROFESSIONS ACT (R117)

- Currently, there are 20 statutes dealing with different health professions. The RHPA will replace these statutes and bring all regulated health professions under one umbrella act.

THE SANATORIUM BOARD OF MANITOBA ACT (S12)

- Creates The Sanatorium Board of Manitoba for the purpose of enhancing the care and treatment of persons with respiratory disorders and to engage in or promote prevention and research respecting respiratory diseases. The Board may also establish treatment facilities with the approval of the Minister of Health.

THE TERRY FOX LEGACY ACT (T45)

- This Act proclaims the first Monday in august of each year as Terry Fox Day and the second Sunday after Labour Day of each year as Terry Fox Run Day.

THE TESTING OF BODILY FLUIDS AND DISCLOSURE ACT (T55)

- This Act enables specified persons as listed below, who have come into contact with a bodily fluid of another person to get a court order requiring the other person to provide a sample of the fluid. The sample will be tested to determine if that person is infected with certain communicable diseases. Victims of crime, good Samaritans, firefighters, emergency medical response technicians and peace officers may apply for an order as well as any other person involved in an activity or circumstance prescribed by regulation.

THE TOBACCO DAMAGES AND HEALTH CARE COSTS RECOVERY ACT (T70)

- Allows the province to take legal action against tobacco manufacturers to recover the cost of health care benefits paid in respect of tobacco-related diseases.

THE UNIVERSAL NEWBORN HEARING SCREENING ACT (U38)
(Comes into force September 1, 2016)

- This Act will ensure that parents or guardians of a newborn infant are offered the opportunity to have the infant screened for hearing loss.

MINISTER OF HEALTHY LIVING AND SENIORS

THE ADDICTIONS FOUNDATION ACT (A60)

- Creates the Addictions Foundation of Manitoba and provides for the Foundation to provide necessary services for problems relating to the use or abuse of alcohol and other drugs and substances.

THE CAREGIVER RECOGNITION ACT (C 24)

The purposes of this Act are:

- to increase recognition and awareness of caregivers;
- to acknowledge the valuable contribution they make to society; and
- to help guide the development of a framework for caregiver recognition and caregiver supports.

THE MANITOBA COUNCIL ON AGING ACT (c233)

- The council provides advice to government on matters relating to the aging process and the needs of seniors. It also promotes public understanding about the aging process.

THE NON-SMOKERS HEALTH PROTECTION ACT (N92)

- Prohibits the sale of tobacco products to children under the age of 18.
- Prohibits smoking in enclosed public places and prohibits smoking in indoor workplaces where the province has clear jurisdiction subject to certain exceptions.
- Restricts the advertising and display of tobacco and tobacco retailed products.

THE OCCUPIERS' LIABILITY ACT (O8) [Section 9.1]

- Allows the Minister to designate by regulation non-profit organizations that may mark land as a recreational trail.

THE YOUTH DRUG STABILIZATION (SUPPORT FOR PARENTS) ACT (Y50)

Assists parents to deal with a child who has a serious drug problem. They can apply to have the young person taken to a safe and secure facility for up to seven days, where his or her condition will be assessed and stabilized, and a plan for treating the drug abuse will be developed.

APPENDIX II – LEGISLATIVE AMENDMENTS IN 2015 - 2016

A number of health statutes and regulations were amended, enacted or proclaimed in 2015/2016:

The Public Health Amendment Act (Prohibiting Children's use of Tanning Equipment and Other Amendments) was proclaimed effective January 1, 2016. The Act amended ***The Public Health Act*** to prohibit children from using ultraviolet tanning equipment in a commercial tanning operation. An exception is provided if a child has a prescription from a designated health professional. Other amendments include:

- prohibiting a commercial tanning operation from directing advertising for ultraviolet tanning equipment to children;
- requiring a commercial tanning operation to provide protective eyewear to their customers; and
- providing for the ability to regulate or prohibit the use of specified types of tanning equipment in a commercial tanning operation, such as self-tanning equipment that does not require an attendant.

The Terry Fox Legacy Act received Royal Assent on June 30, 2015. The Act proclaims the first Monday in August of each year as Terry Fox Day and the second Sunday after Labour Day of each year as Terry Fox Run Day.

The Non-Smokers Health Protection Amendment Act (E-Cigarettes) received Royal Assent on November 5, 2015. Upon proclamation this Act will amend ***The Non-Smokers Health Protection Act*** to:

- extend its scope to include e-cigarettes;
- prohibit the sale of e-cigarettes to children;
- prohibit the use of e-cigarettes is in enclosed public places and other places where smoking is presently prohibited except in designated rooms in group living facilities and hotels, similar to the present exceptions allowed for smoking. Customers may also use e-cigarettes to test or sample products in shops where the sale of e-cigarettes is the main business activity;
- restrict the display and advertising of e-cigarettes, similar to the restrictions presently in place for tobacco products; and
- change the title of the Act to reflect its inclusion of e-cigarettes.

The Radiation Protection Act received Royal Assent on November 5, 2015. Upon proclamation this Act will:

- regulate the installation, operation and maintenance of equipment that emits or detects ionizing radiation. Ionizing radiation equipment to which the Act applies includes X-ray machines, PET scanners and CT scanners.

The key provisions of the Act are as follows:

- Ionizing radiation equipment must be registered with the director appointed under the Act before it may be operated.
- Ionizing radiation equipment may be installed or operated only in locations approved by the director.
- Maintenance and quality assurance of ionizing radiation equipment must maintain the equipment to specified safety standards and, if the equipment is used for health care purposes, must implement quality assurance programs.
- Ionizing radiation must not be applied to a human or an animal unless the person applying it is authorized to do so.
- Maximum exposure limits for persons who work with ionizing radiation equipment may be set by regulation. Owners must keep records of workers' exposures and provide the records to a central registry.
- If a person receives an excessive or unintended exposure to radiation, the owner of the ionizing radiation equipment must notify the director.
- Inspectors may inspect ionizing radiation equipment and locations where it is used. They may also issue radiation safety orders to owners or operators of equipment if there is a health or safety risk or a failure to comply with the Act.

REGULATIONS:

THE EMERGENCY MEDICAL RESPONSE AND STRETCHER TRANSPORTATION ACT

- **Land Emergency Medical Response System Regulation** was amended to:
  - Set out the responsibilities and authority of the Provincial Emergency Medical Services (EMS) Medical Director (MD);
  - Set out the reporting requirements by licensed EMS systems to the MD and require reporting to the Minister and the MD by licensed EMS systems to be in the form approved by the Minister;
  - Repeal the requirement for licensed EMS services to report accidents involving ambulances to the Minister prior to completing any repairs;
  - Clarify the annual requirements of the continuing competency program for paramedics;
  - Change the titles used under the Act in respect of paramedics to reflect the titles used nationally; and
  - Repeal the requirement for individuals to apply for licensure as a technician before they will be permitted to write the national exam that they must pass before they can be licensed.

THE HEALTH SERVICES INSURANCE ACT

Amendments were made to:

- **The Chiropractic Services Insurance Regulation** to:
  - Increase the amount of benefits payable in respect of insured chiropractic services and add new tariffs
- **The Optometric Services Insurance Regulation** to:
  - Increase the amount of benefits payable in respect of insured optometric services and add new tariffs.
- **The Prosthetic, Orthotic and Other Medical Devices Regulation** to:
  - Increase the amount of benefits payable in respect of breast prosthesis and bras post-mastectomy, and the timelines for payment of benefits for their initial purchase and replacement;
  - Enable the Minister to provide coverage for prosthesis and bras for a woman who has not had a mastectomy, upon recommendation from CancerCare Manitoba and if medically required;
  - Enable the Minister to provide a benefit for the purchase or replacement of a breast prosthesis and bras outside of the timeframe set out in the Regulation upon recommendation from CancerCare Manitoba and if medically required; and
  - Enable the Minister to approve a list of breast prosthesis and bra suppliers from which women must purchase these devices in order to receive coverage.
- **The Hospitals Services Insurance and Administration Regulation** to:
  - Adjust the amount of residential/authorized charges for individuals paneled for personal care home placement and chronic care patients in a hospital to account for cost of living increases for such individuals and their spouses who are living in the community. The financial threshold was also increased for the waiver of payment of all or part of the authorized charge payable by a paneled or chronic care patient, who has a spouse living in the community.
- **The Personal Care Services Insurance and Administration Regulation** to:
  - Adjust the amount of residential/authorized charges for personal care home residents to account for cost of living increases for such individuals and their spouses who are living in the community. The financial threshold was also increased for the waiver of payment of all or part of the authorized charge payable by a paneled or chronic care patient, who has a spouse living in the community.

THE MEDICAL ACT

- **The Registration of Medical Practitioners Regulation** was amended to repeal the reference to dermatology, neurology and radiation oncology in the list of specialist fields of practice eligible for conditional and temporary registration based on an assessment conducted by the Faculty of Medicine, University of Manitoba and to enable residents to prescribe drugs including narcotics independently under certain restrictions.

THE MENTAL HEALTH ACT

- **Charges Payable by Long Term Care Patients Regulation** was amended to maintain consistency with the changes to the Personal Care Services Insurance and Administration Regulation and the Hospital Services Insurance and Administration Regulation under *The Health Services Insurance Act* in respect of residential/authorized charges.

THE OCCUPATIONAL THERAPISTS ACT

- **The Occupational Therapists of Manitoba Regulation** was amended to introduce more contemporary language respecting requirements for registration; clarify that the education of only those internationally-educated applicants who are not presently registered anywhere in Canada, may be assessed; allow for the registration of applicants who may have conditions on their current registration in another jurisdiction; reduce the required minimum number of practice hours preceding application for registration, to provide consistency with requirements in other Canadian jurisdictions, and require the same minimum number of practice hours for all applicants for registration.

THE PHARMACEUTICAL ACT

- **The Manitoba Drug Interchangeability Formulary Regulation** was amended to repeal and replace the formulary as required to update it.

THE PRESCRIPTION DRUGS COST ASSISTANCE ACT

- **The Prescription Drugs Payment of Benefits Regulation** was amended to implement an increase to the income-based deductible that beneficiaries must pay before the Pharmacare Program will cover the costs of their drugs.

THE PUBLIC HEALTH ACT

- **The Swimming Pools and Other Water Recreation Facilities Regulation** was amended to recognize the Canadian Red Cross as an authorized trainer of lifeguards in Manitoba in addition to the Lifesaving Society. The amendment also recognizes Standard First Aid programs offered by Safety Services Manitoba and Heart Beat Inc.

- **The Tanning Regulation** was amended to:
  - Repeal the provisions relating to parental consent for children to use tanning equipment in a commercial tanning operation;
  - Designate dermatologists as the only health care professionals who can issue a valid prescription for a child's use of tanning equipment;
  - Require operators ensure that children use tanning equipment only in accordance with a prescription for a dermatologist except where the prescription requires exposure times in excess of the recommendations of the manufacturer of the tanning equipment being used. In such a case, Operators are required to ensure that the manufacturer's recommended exposure times are not exceeded;
  - Require that a prescription for ongoing use of tanning equipment by a child be renewed after one year;
  - Require that Operators maintain a record of the date(s) and duration of use of tanning equipment by a child pursuant to prescription;
  - Require that Operators retain a copy of a prescription and the record relating to a child's use of tanning equipment for two years after the child's final tanning session;
  - Prohibit user operated tanning equipment in commercial tanning operations;
  - Set out the standards that must be met by protective eyewear sold or provided to customers of commercial tanning operations and the information that must be provided to customers in relation to the use of the protective eyewear; and
  - Amend the requirements respecting the warning signage to be posted in commercial tanning operations to repeal the reference to parental consent and replace it with a statement that the use of tanning equipment by individuals under the age of 18 is prohibited.

THE REGIONAL HEALTH AUTHORITIES ACT

- **The Regional Health Authorities Establishment Regulation** was amended to update the descriptions of the boundaries of the health regions administered by the regional health authorities as described in the regulation to reflect the new amalgamated municipalities where required.

THE REGISTERED PSYCHIATRIC NURSES ACT

- **The Registered Psychiatric Nurses Regulation** was amended to update the entry level competencies required for Psychiatric Nursing education Programs and the standards and indicators a program has to meet.

APPENDIX III – PERFORMANCE REPORTING

The following section provides information on key performance measures for the department for the 2015-16 reporting year. Performance indicators in departmental Annual Reports are intended to complement financial results and provide Manitobans with meaningful and useful information about government activities, and their impact on the province and its citizens.

For more information on performance reporting and the Manitoba government, visit www.manitoba.ca/performance
Your comments on performance measures are valuable to us. You can send comments or questions to mbperformance@gov.mb.ca.

(A) What is being measured and using what indicator?	(B) Why is it important to measure this?	(C) Where are we starting from (baseline measurement)?	(D) What is the 2015/16 result or most recent available data?	(E) What is the trend over time?	(F) Targets, Timeframes, if applicable, and sources of information
Manitobans' access to cardiac surgery through the measurement of median wait times for cardiac bypass surgery by level of urgency.	Timely access to surgical services is important.	As of April 2007, the median wait time for cardiac bypass surgery by level of urgency was: Level 1 (Emergent and Urgent): 5 days Level 2 (Semi-urgent): 11 days Level 3 (Elective): 31 days Overall, 97% of patients received their surgery within the benchmark.	In April 2016, the median wait time for cardiac bypass surgery by level of urgency was: Level 1 (Emergent and Urgent): 6 days Level 2 (Semi-Urgent): 15 days Level 3 (Elective): 35 days Overall, 100% of patients received their surgery within the benchmark.	All of the patients continue to receive their cardiac bypass surgery within the national benchmark.	Wait times are calculated based on patients who received surgery during the reporting period. The National Benchmarks for bypass surgery are as follows: 0-14 days for Level 1 (Emergent and Urgent); 15-42 days for Level 2 (Semi-urgent); and 43-182 days for Level 3 (Elective). *Source:* Manitoba Wait Time Information web page: http://www.gov.mb.ca/health/waittime/surgical/heart.html
Manitobans' access to radiation therapy for cancer through the measurement of median wait times for patients to commence radiation therapy	Timely access to treatment services is important.	The median wait time in April 2007 was 1 week for all cancer types. 93% of patients commenced their	In April 2016, the median wait time for all cancer types was 1.1 week. 100% of patients commenced their	The median wait time continues to be well within the National Benchmark for radiation therapy and all of the patients continue to commence	The National Benchmark and provincial guarantee for radiation therapy is 4 weeks. *Source:*

(A) What is being measured and using what indicator?	(B) Why is it important to measure this?	(C) Where are we starting from (baseline measurement)?	(D) What is the 2015/16 result or most recent available data?	(E) What is the trend over time?	(F) Targets, Timeframes, if applicable, and sources of information
treatment.		radiation therapy within four weeks (provincial guarantee).	radiation therapy within four weeks (provincial guarantee).	their treatment within the provincial guarantee.	Manitoba Wait Time Information web page: http://www.gov.mb.ca/health/waittime/cancer/radiation/index.html
Death rate for heart attack as measured by the age-standardized mortality rate for acute myocardial infarction (AMI).	Cardiovascular disease, which includes heart attack (AMIs) and stroke, is a leading cause of death.	1979 rate: 140 deaths per 100,000 population 2009 rate: 29.3 deaths per 100,000 population	In 2014, the age-standardized mortality rate for heart attack (AMI) in Manitoba was 22.3 deaths per 100,000 population	The AMI mortality rate has declined dramatically in Manitoba and Canada, from approximately 140 deaths per 100,000 in 1979 to 22.3 per 100,000 in 2014.	Rates have declined largely due to improved drugs and medical care for heart attack patients, reduced smoking rates and improved control of hypertension. *Source:* Manitoba Health, Seniors and Active Living; Vital Statistics data.
Diabetes prevalence rate as measured by the age- and sex-adjusted proportion of residents, one year and older, living with diabetes.	Prevalence and mortality rates may reflect on the performance of the system with respect to management of diabetes.	1988/89 age- and sex-adjusted prevalence: 3.0% Age- and sex-adjusted prevalence per 100 Manitoba residents: 2004/2005 – 6.3 2005/2006 – 6.6 2006/2007 – 6.9 2007/2008 – 7.1 2008/2009 – 7.3 2009/2010 – 7.5 2010/2011 – 7.8 2011/2012 – 8.0 2012/2013 – 8.3 Source: Manitoba Health, Seniors and	Age- and sex-adjusted prevalence per 100 Manitoba residents: 2013/2014 – 8.6 Source: Manitoba Health, Seniors and Active Living administrative data *Notes: - Diabetes prevalence rates were calculated using the Canadian Chronic Disease Surveillance System (CCDSS) definition.	An increase in prevalence is observed in almost all RHAs, Districts and Winnipeg sub-areas. Prevalence is particularly high in the North, and may be associated with both lower income and a higher proportion of Aboriginal peoples living in that region (MCHP RHA Atlas, 2013).	Better diagnosis and reporting may have resulted in increased incidence. Better education and care may have resulted in the observed increased prevalence.

(A) What is being measured and using what indicator?	(B) Why is it important to measure this?	(C) Where are we starting from (baseline measurement)?	(D) What is the 2015/16 result or most recent available data?	(E) What is the trend over time?	(F) Targets, Timeframes, if applicable, and sources of information
		Active Living administrative data.			
Telehealth: # Communities and end points (The higher number of end points indicate that some communities have more than one location equipped.) Utilization by category Utilization rates	Shows the Province's ability to address access to care and education over geographically dispersed communities.	2007/08 Clinical: 4,876 Education: 1,230 Administration: 738 Tele-visit: 33 Other: 248 2004/05 4,369 Events	2015/16 Clinical: 21,387 Education: 2,632 Administration: 1,588 Tele-visit: 98 Other: 16 2015/16 total utilization 25,721 2015/16 total number of sites 166 sites and 317 endpoints	MBT predicts **10** sites to be added in the next fiscal year. **Average Annual Growth from 2007/08 to 2015/16 fiscal years):** Clinical: 20% Education: 12% Administration: 9% Tele-visit: 18% Other: 2% 261% growth in # of events from 2007/08 (7,125) to 2015/16 (25,721)	MBTelehealth Fiscal Utilization Reports from 2003/04 to 2015/16 (data accessible from 2006/07) • 2006/07: 5,995 • 2007/08: 7,125 • 2008/09: 8,463 • 2009/10: 9,835 • 2010/11: 12,817 • 2011/12: 16,183 • 2012/13: 18,769 • 2013/14: 20,590 • 2014/15: 22,742 • 2015/16: 25,721

APPENDIX IV - *The Public Interest Disclosure (Whistleblower Protection) Act*

The Public Interest Disclosure (Whistleblower Protection) Act came into effect in April 2007. This law gives employees a clear process for disclosing concerns about significant and serious matters (wrongdoing) in the Manitoba public service, and strengthens protection from reprisal. The Act builds on protections already in place under other statutes, as well as collective bargaining rights, policies, practices and processes in the Manitoba public service.

Wrongdoing under the Act may be: contravention of federal or provincial legislation; an act or omission that endangers public safety, public health or the environment; gross mismanagement; or, knowingly directing or counselling a person to commit a wrongdoing. The Act is not intended to deal with routine operational or administrative matters.

A disclosure made by an employee in good faith, in accordance with the Act, and with a reasonable belief that wrongdoing has been or is about to be committed, is considered to be a disclosure under the Act, whether or not the subject matter constitutes wrongdoing. All disclosures receive careful and thorough review to determine if action is required under the Act, and must be reported in a department's annual report in accordance with Section 18 of the Act.

The following is a summary of disclosures received by Manitoba Health, Healthy Living and Seniors for fiscal year 2015-2016:

Information Required Annually (per Section 18 of The Act)	**Fiscal Year 2015-2016**
The number of disclosures received, and the number acted on and not acted on. *Subsection 18(2)(a)*	No disclosures were received.
The number of investigations commenced as a result of a disclosure. *Subsection 18(2)(b)*	No investigations commenced in 2015/16. There were no findings of wrongdoing under the Act.
In the case of an investigation that results in a finding of wrongdoing, a description of the wrongdoing and any recommendations or corrective actions taken in relation to the wrongdoing, or the reasons why no corrective action was taken. *Subsection 18(2)(c)*	No investigations commenced in 2015/16. There were no findings of wrongdoing under the Act.

APPENDIX V - SUSTAINABLE DEVELOPMENT

The Sustainable Development Act (The Act) was proclaimed in July 1998. The overall goal of sustainable development is meeting the needs of the present without compromising the ability of future generations to meet their own needs.

Principles and guidelines of sustainable development have been established to guide all departments in the Province of Manitoba in their efforts to attain this goal. For an activity to be sustainable, it must be in compliance with all applicable principles and guidelines of sustainable development as determined by The Act.

In pursuit of the above, and to report on the department's efforts toward sustainable development as defined under The Act, this Annual Report provides examples of the ongoing progress and accomplishments of Manitoba Health, Healthy Living and Seniors in incorporating the principles and guidelines of sustainable development. The chosen examples are not all-inclusive, and more detail related to the department's sustainable development activities can be found within each appropriation of the Annual Report.

PRINCIPLES AND GUIDELINES (SECTIONS 1–13)

1. **INTEGRATION OF ENVIRONMENTAL AND ECONOMIC DECISIONS**
   The department is dedicated to taking actions that foster the principles of integrating the environment and economics into the decision-making process, specifically in the areas of human health and social consequences.

   HIGHLIGHTS:
   Fee-For-Service/Insured Benefits: provides funding of core health services that are continually changing to increase efficiencies, effectiveness and appropriate health care delivery to Manitobans in an economical and sustainable manner. Examples of core health services include funding of hospital services, air ambulance transfers, out-of-province transport services, and links to special programs covering eyeglasses, breast prostheses, hearing aids, orthopaedic shoes, contact lenses, telecommunications equipment for the profoundly deaf or speech impaired, and transportation subsidies.
   Regional Policy and Programs: continues to monitor and measure the benefits of services to the public and reports on these activities to the Minister to facilitate decision-making and to ensure that long-term strategies and actions are effective. This division provides direction in northern, rural and urban areas of the province, as well as reporting on specific areas of service, such as patient safety, cardiac services, cancer care, palliative care, home care, long-term care and dialysis.
   Provincial Nursing Stations: oversees cost-effective and quality health care to various northern communities through the management of community nursing stations.
   Public Health and Primary Health Care: supports executive management in planning and providing guidance to regional health authorities (RHAs) in implementing cost-effective primary health care initiatives to improve the health of Manitobans and access to services.
   Selkirk Mental Health Centre: delivers compassionate, respectful and cost-effective inpatient treatment and rehabilitation services to all residents of Manitoba whose mental health needs cannot be met elsewhere in the health system.

2. **STEWARDSHIP**
   The department is dedicated to implementing policies that facilitate decisions to all of the above elements of a sustainable stewardship. Stewardship is enacted by the ministers who together administer over 50 Acts. Each Act delegates its authority through regulations, policy development and indirectly through managerial direction to ensure that stewardship of our health system is upheld within standards outlined within the *Canada Health Act,* as well as provincial standards to ensure that the health of Manitobans is optimized. A sample of these acts is listed below. For more detail and information on all the acts that facilitate stewardship, please see the section "Summary of Statutes Responsibility."

HIGHLIGHTS:

The Regional Health Authorities Act: governs the administration and operation of RHAs.

The Personal Health Information Act: protects personal health information collected and used by the health system in Manitoba.

The Public Health Act: provides the power and authority necessary to support public health programs and to allow for proper enforcement of public health regulations.

The Health Services Insurance Act: governs the administration of the Manitoba Health Services Insurance Plan as it relates to the cost of hospital services, medical services, personal care services and other health services.

The Prescription Drugs Cost Assistance Act: governs the operation and administration of the provincial drug benefit program.

The Caregiver Recognition Act: governs the recognition and development framework for caregivers in Manitoba.

The Non-Smokers Health Protection Act: governs the protection of non-smokers' health.

3. SHARED RESPONSIBILITY AND UNDERSTANDING

The department continually collaborates with health authorities, inter-sectoral organizations, the federal government and stakeholders to better understand the views of others and to facilitate equitable management of our health system. To facilitate shared responsibility and understanding, the department directs its resources through specific units/branches that accommodate these activities in the health system.

HIGHLIGHTS:

Aboriginal and Northern Health Office: supports and promotes the cultural diversity among the First Nations, Métis and Inuit populations in Manitoba. The Aboriginal and Northern Health Office works collaboratively with the federal government, other branches within the department, other provincial departments, RHAs and Aboriginal political/ territorial organizations. This Branch is Manitoba's key resource on Aboriginal health issues with respect to the development of policy, strategies, initiatives and services for the Aboriginal community.

Regional Policy and Programs: participates on RHA committees and maintains communication with all RHAs to ensure the department has an ongoing understanding of the issues and concerns throughout Manitoba.

Health Workforce Secretariat: works in partnership with RHAs, regulatory and professional bodies, the education sector and other stakeholders to support the linkage between health human resource planning and departmental policy. Activities undertaken include the planning, developing, implementing and monitoring of health human resource supply and strategies to address the demands in health service delivery.

Management Services: leads coordination of the department's work with health authorities on governance, health planning, risk management, performance management, and other accountability mechanisms.

4. PREVENTION

Prevention is at the forefront of Manitoba Health, Healthy Living and Seniors. The department has a vested interest in ensuring that Manitobans are healthy and that controls and measures are in place to prevent health-related threats from impacting the general population. Ultimately, legislation is drafted, created or refined to ensure that prevention measures are in place to make the most positive impact to optimize the health and social well-being of Manitobans.

HIGHLIGHTS:

Healthy Living and Seniors: influences the conditions, both within and outside the health sector, that support healthy living and well-being through the development of a strong active living, health promotion and disease, illness and injury prevention agenda across all ages.

Cadham Provincial Laboratory: provides increased detection of various diseases that assist decision making in the decrease of the transmission of disease in Manitoba. This includes enhanced surveillance of infectious diseases to aid in outbreak identification and prevention. Also, state-of-the-art diagnostic testing for bacteria that are antibiotic resistant, toxin producing or cause food poisoning is done to improve infection control in hospitals, personal care homes and the community.

Public Health: provides health surveillance, analysis of public health threats and provides outbreak surveillance and epidemiological expertise related to norovirus, influenza and mumps. This includes the provision of provincial surveillance data for the National Diabetes Surveillance System to support evidence-based diabetes management. Also, the Branch integrates education into the continuum of diabetes prevention, care, research and support. The Public Health Branch also manages the Manitoba Immunization Monitoring System for more complete data capture, improved data quality and feedback to stakeholders. The Chief Provincial Public Health Officer ensures that preparedness plans for public health emergencies are in place and response plans, such as for West Nile Virus, Pandemic Influenza and Avian Influenza, are reviewed and updated. News releases are provided to the public in regard to public health warnings and prevention measures to be taken to lessen the risk of these threats.

Office of Disaster Management: continues to work with RHAs in implementing their disaster management programs. Incident management systems are in place to respond to a variety of emergencies and disasters throughout the province. The Emergency Response Management System has been developed to respond to large-scale health sector emergencies such as pandemic influenza.

Corporate Services: manages and maintains the provincial policy framework. Examples of provincial policy direction related to prevention include: integrated risk management; monitoring of personal care homes; internal disclosure of staff concerns; reporting of critical incidents; health authorities' guide to health services; and reporting significant changes to the Office of the Chief Medical Examiner.

5. CONSERVATION AND ENHANCEMENT

The department is dedicated to making decisions that foster protection and enhancement of the ecosystem and the process that supports all life and actions and decisions which foster conservation and enhancement of resources.

HIGHLIGHTS:

Capital Planning: continued integration of universal access guidelines into new construction and major renovation projects wherever practical and according to identified needs. This includes continued improvements, such as Leadership in Energy and Environmental Design (LEED) certification for new construction and renovation projects.

Public Health: responds to chemical, microbiological and social public health issues. The Branch monitors and participates in a coordinated response to environmental health issues to Manitobans with a mandate for environmental health risk assessment, food protection, tobacco reduction and dental/oral health.

6. REHABILITATION AND RECLAMATION

The department is committed to rehabilitation and reclamation of areas and resources that have been damaged as they represent themselves.

HIGHLIGHT:

Capital Planning: oversees infrastructure projects that support investment in state-of-the-art medical equipment, the development of new projects and rehabilitation of aging community facilities.

7. GLOBAL RESPONSIBILITY

The department continues to take actions that foster a global approach to decision making with the goal of identifying and preventing the occurrence of possible adverse effects.

HIGHLIGHTS:

Federal/Provincial Policy Support: conducts negotiations on cooperative initiatives with pan-Canadian institutions and policy approaches, as well as advises leadership in the planning processes for the development of strategic priorities and directions for the health system.

Public Health: participates in the development and implementation of policies on environmental issues related to drinking and recreational water and air quality. For example, this office assesses health risk and provides information on various health concerns, such as asbestos in vermiculite insulation.

8. EFFICIENT USE OF RESOURCES

Manitoba's health system accounts for a substantial proportion of the provincial budget and as public expectations on health care services keep rising, costs continue to rise and the sustainability of our publicly-funded system is strained. The department strives for the efficient use of resources and maximizing the use of public funds. This includes all aspects of sustainability to encourage and facilitate the development, application and use of systems for proper resource pricing, demand management and resource allocation, together with incentives to encourage the efficient use of resources, and employ full-cost accounting to provide better information for decision makers.

HIGHLIGHTS:

Health Workforce Secretariat: operates an efficient and effective information network to support decision making; coordinates ongoing meetings with the health authorities and the department's Regional and Capital Finance branch; and provides site orientation visits with participating health authorities.

Provincial Drug Programs: continues to look at efficiencies of the drug review process to reduce costs and/or provide timely access to new medications. This includes specific recommendations from the Drug Management Policy Unit.

Funding to Health Authorities: directs expenditures in an efficient and expedient manner. These funds are allocated to provincial-wide appropriations (as per this Annual Report) and to health authorities in accordance with targets established through the estimates process, health planning process, and ministerial direction.

Provincial Health Services: throughout the department, various units are tasked, in some cases along with third parties, to provide services to the public, such as: out-of-province hospital services; blood transfusion services; federal hospitals; ancillary services; healthy community's development; and the Nurses Recruitment and Retention Initiative.

Emergency Medical Services: provides provincial leadership in the surveillance of the air and land ambulance transport system to ensure that patient care standards are in place, safe transportation of acutely ill patients by the Lifeflight Air Ambulance Program occurs, and evaluations of licensed emergency medical services, including vehicle, equipment and processes, are conducted.

9. PUBLIC PARTICIPATION

The department strives to support and take actions that establish or change departmental legislation, procedures or processes that foster public participation in decision making, planning and program delivery. This ensures that processes are fair, appropriate appeal mechanisms are in place, and that processes and procedures foster consensus decision-making approaches.

HIGHLIGHTS:

Legislative Unit: communicates and reviews feedback from stakeholders, including consultations with the public, in regard to many of the proposed amendments to the ministerial Acts.

Mental Health Review Board: hears appeals regarding specific aspects of the admission or treatment of a patient in a psychiatric facility.

Manitoba Health Appeal Board: receives appeals related to *The Health Services Insurance Act*, *The Ambulance Services Act*, *The Mental Health Act* and the Hepatitis C Assistance Program. It also serves in an advisory role to the Minister by maintaining links between the Minister, the health care community and the community at large.

The Protection for Persons in Care Office: serves as a resource for those working in health facilities, as well as anyone in the general public, who have a duty to report suspected abuse or the likelihood of abuse to the Protection for Persons in Care Office.

Aboriginal and Northern Health Office: ensures that dialogue continues between the public and Aboriginal organizations, First Nations organizations, the Province of Manitoba and the First Nations and Inuit Health Branch – Health Canada, to ensure that decisions are made that benefit northern and/or remote communities in Manitoba and those people of Aboriginal descent.

French Language Services: provides availability and accessibility to service and material in French for the French-speaking population of Manitoba.

10. ACCESS TO INFORMATION

The department strives to take actions to improve and update data and information bases and the establishment or changes made to procedure, policy or legislation which makes departmental and provincial information more accessible to the public.

HIGHLIGHTS:

Legislative Unit: continues to provide information and formal presentations on *The Personal Health Information Act* to health information trustees throughout the province to assist them in upholding Manitobans' rights to access and privacy, as well as to the public, to assist them in understanding their rights and appeal processes.

Administration and Finance: prepares financial reports and documents such as Supplementary Information for Legislative Review, Quarterly Financial reports, and the Annual Report in accordance with legislative, Treasury Board and senior management requirements.

Information Systems: continues development and maintenance of databases to support internal and third-party information requirements, as well as development of an eHealth infrastructure.

Information Management and Analytics: provides data sources for the department, the Ministers, RHAs and the public which is accessible internally or on the department's website. This includes managing the department's relationship with the Manitoba Centre for Health Policy and the Canadian Institute for Health Information and includes related data provisions to those organizations.

11. INTEGRATED DECISION MAKING AND PLANNING

The department takes necessary measures to establish and amend decision-making and planning processes to make them more efficient and timely, as well as to address and account for inter-generational effects.

HIGHLIGHTS:

- Health System Sustainability is one of six priorities identified for health system planning for the department and broader health system.

Information Systems: works collaboratively with outside agencies to successfully secure funding and manage information systems. This includes integration of decision and planning with multiple organizations to standardize data definitions with vendors and to support health system programs.

12. WASTE MINIMIZATION AND SUBSTITUTION

The department is committed to taking actions that promote the use of substitutes for scarce resources and to reduce, reuse, recycle or recover.

HIGHLIGHTS:

- Ongoing Blue-bin recycling program departmental sites. Bins have been installed in boardrooms, meeting rooms and all lunchrooms for empty beverage and food containers.
- Staff members are continually encouraged to save waste papers for recycling. Paper recycling boxes are provided in all offices and are recycled on a regular basis.
- Continued focus on purchasing products manufactured with recycled materials.
- Duplex capabilities have been added to all network printers to provide double-sided print capabilities to reduce paper consumption.
- Continue to develop electronic systems to minimize paper copies.

13. RESEARCH AND INNOVATION

The department is active in establishing programs and actions which encourage and assist in the research, development, application and sharing of knowledge and technologies which further sustainability.

HIGHLIGHTS:

Information Management and Analytics: utilization of a digital dashboard within the department and updated monthly to provide the Ministers and senior management with up-to-date information on key areas such as wait times. Also, the Health Information Gateway, an internal intranet site, was expanded to facilitate department staff access to health publications and data.

Manitoba Centre for Health Policy: continues to provide funding for policy evaluation and research initiatives.

Public Health: continues educational sessions in a variety of settings related to life threatening infections and diseases.

Aboriginal and Northern Health Office: works in collaboration with Aboriginal people who have an interest in entering the health care workforce.

PROCUREMENT GOALS (SECTIONS 14-18)

14. EDUCATION, TRAINING AND AWARENESS

To meet the intent of this goal, the department enacts changes to develop a culture that supports sustainable procurement practices.

HIGHLIGHTS:

- All areas are encouraged to include sustainable development topics in their monthly/quarterly divisional meetings.
- An internal website for sustainable development communication within the department has been developed and is continually updated.
- Government-wide directives on sustainable development initiatives, such as recycling papers and toner cartridges, are continually enforced.
- Staff members are involved in the procurement of stationary products and are continually encouraged to select "Green" products whenever possible.

15. POLLUTION PREVENTION AND HUMAN HEALTH PROTECTION

To meet the intent of this goal, the department has established actions to protect the health and environment of Manitobans from possible adverse effects of their operations and activities, as well as providing a safe and healthy working environment for staff.

HIGHLIGHTS:

- Smoking by staff in government buildings and vehicles is prohibited.
- Air quality in work places is continually monitored.

16. REDUCTION OF FOSSIL FUEL EMISSIONS

To meet the intent of this goal, the department needs to reduce fossil fuel emission of its operations and activities.

HIGHLIGHTS:

- Encourage staff to participate in the "Commuter Challenge" initiative aimed at promoting alternate means to commute to work and help reduce gas emissions through cycling, walking, rollerblading, taking the bus or carpooling. Promotion efforts are targeted to department staff on ways individuals can contribute to the efforts against climate change.

17. RESOURCE CONSERVATION

To meet the intent of this goal, the department needs to reduce consumption of resources in a sustainable and environmentally-friendly manner.

HIGHLIGHTS:

Capital Planning: works with Manitoba Hydro to ensure that facility construction projects meet standards for energy efficiency and are Power Smart. The main objective is to achieve Power Smart and LEED designation to communities and health centres.

18. COMMUNITY ECONOMIC DEVELOPMENT

To meet the intent of this goal, the department would need to ensure that procurement practices foster and sustain community economic development.